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MEASUREMENT IN SOCIAL WORK

A DISSERTATION

SUBMITTED TO THE GRADUATE FACULTY IN CANDIDACY
FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

SCHOOL OF SOCIAL SERVICE ADMINISTRATION

L. C.

By
A. WAYNE McMILLEN

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PREFACE

The following pages set forth some of the results of the first year's effort to obtain uniform measurements of social work on a community-wide basis. The undertaking was in charge of a Joint Committee consisting of representatives of the Association of Community Chests and Councils and the Local Community Research Committee of the University of Chicago. The members of the original Committee were: L. C. Marshall, then Chairman of the Department of Economics, University of Chicago, chairman; Edith Abbott, Dean of the Graduate School of Social Service Administration, University of Chicago; Pierce Atwater, director of the Wichita (Kansas) Community Chest; Raymond Clapp, director of the Cleveland Welfare Federation; Fred C. Croxton, director of the Community Chest of Columbus and Franklin County, Ohio; William J. Norton, director of the Detroit Community Fund; C. R. Rorem, Professor of Accounting, University of Chicago; Henry Schultz, Professor of Economics, University of Chicago; L. D. White, Professor of Political Science, University of Chicago. In September, 1928, Professor Marshall removed to Baltimore and H. A. Millis, Professor of Economics, University of Chicago, succeeded him as chairman of the Joint Committee. Harry L. Lurie, Lecturer in the Graduate School of Social Service Administration, University of Chicago, was added to the group in October, 1928. Rowland Haynes, Secretary of the University of Chicago, and Allen T. Burns, director of the Association of Community Chests and Councils, while not officially members of the Joint Committee, participated in its activities.

The Committee intrusted to the writer the task of directing the work and appointed Dr. Helen R. Jeter, Assistant Professor of Social Economy in the Graduate School of Social Service Administration, as statistician. The writer wishes to acknowledge his indebtedness to Dr. Jeter for sound advice and counsel at each step. Gratitude is also due to Dean Edith Abbott, of the Graduate School of Social Service Administration, for many helpful criticisms, and to

the Samuel Deutsch Foundation of the Graduate School of Social Service Administration for providing for the publication of this study.

Those who may be interested in more detailed tables, in fuller textual treatment of the various fields of work discussed herein, and in an analysis of the fields that are not included in this volume may obtain from the Local Community Research Committee of the University of Chicago a copy of the original text in its entirety. The original text and its accompanying tables are available at nominal cost in a report that has been reproduced photographically and published under the auspices of the Joint Committee.

A. W. McMillen

University of Chicago
January 30, 1930

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CHAPTER I

INTRODUCTION

The attempt to establish uniform central reporting of statistics by social agencies has been prompted by a desire for accurate and current knowledge of social needs and resources and by a demand for appraisal of present methods of utilizing resources to meet needs. The effort may be regarded, on the one hand, as merely an extension of the social measurements of the census, which counts the numbers of the population, the amount and value of the products of agriculture and manufacturing, compares the death-rate from community to community, and supplies other details with regard to the social and economic status of the population. On the other hand, it may be regarded as the converse of attempts to measure periodic changes in prosperity. Although the problems that confront social agencies are not all problems of dependency, many of them do represent phases of contemporary life that are the antitheses of prosperity and others may be regarded as direct by-products of industrial progress. Among the latter are ill health, mental strain, industrial accident, unemployment—in short, situations in which the individual or family finds it impossible to adjust to some stress of social life without assistance from the community. Since these adjustments cost something to the community, both in human efficiency and in material wealth, they cannot be overlooked in any development of a comprehensive accounting of the economic situation of the community.

Among the many questions to be answered by this social accounting are the following: How many individuals and families were unable to carry on their economic and social life during 1928 without the assistance of a social agency? How many of these were adults, how many were children, how many were aged persons? How were these persons served—by material relief in their own homes, by service without relief, by institutional care? How much did their care cost the community in human service and in dollars and cents?

The need for such an accounting challenges the statistician to devise methods of measuring a very complex problem. It is perhaps no more complex, however, than the business cycle appeared to be before statistical methods were turned toward its analysis. Moreover, just as an understanding of the business cycle contributes toward a leveling of peaks and depressions, so, it may be hoped, will a knowledge of the extent and character of the problems faced by modern social work contribute toward an improved control of those problems.

The task, which appears insuperable when viewed in its general significance, becomes more manageable when viewed in its practical and local aspects. First of all, the problem of measurement is not a remote academic question. On the contrary, it is, in the minds of executives of national social agencies and directors of local community chests and councils, an immediate practical consideration, and as such enlists their interest and their co-operation. These persons are charged with a public responsibility and they are required from time to time to render an account of their trust. If this account can be rendered in accurate terms that may be compared from period to period, their task of interpretation is greatly simplified. They are interested, moreover, in improving the technique of social work. They believe that the exchange of experience, that comparison from agency to agency and from city to city may provoke discussion that will tend to elevate both standards and practice. For these reasons a co-operative attitude toward central reporting already exists in many cities and facilitates immeasurably the approach to the problem.

To the eager and uninitiated inquirer who wishes to know how many separate individuals were served during the year and how many units of service of various kinds were rendered, the answer must prove disappointing. The technique of social work has not yet advanced to a point where there is no duplication in service. In fact, improving technique, while reducing duplication in real service, increases duplication from a statistical point of view. Is the homeless man who receives temporary shelter in an institution, medical treatment from a free clinic, and assistance in getting a job

from a free employment agency to be considered as three persons or one? Existing statistical systems must count him as three. Moreover, the tendency toward specialization in social work—psychiatric social service, medical social service, institutonal care for selected groups, and the like—makes a large degree of duplication inevitable. Hence, statistics of social work must be presented now —and probably for a long time to come—for broad classes of agencies or fields of work, and no attempt should be made to add together the numbers of persons or cases served in the several groups.

Statistical reporting by local social agencies is not new, of course. Monthly, quarterly, or annual reports have been made to boards of directors of private agencies and to the city council or county board by public agencies for many years. Many of these reports have been printed and may be found in libraries and in the files of social agencies. The persons preparing these reports, however, have often felt very little responsibility for preserving comparability of data from year to year. Moreover, each agency has prepared its reports without regard to the types of data presented by similar agencies. Hence, the statistics of social agencies cannot be compared with confidence over a period of years within a given field or even within a given city.

Significant efforts toward definition and standardization have been made by certain national social agencies. The work of the American Association for Organizing Family Social Work, the National Association of Legal Aid Organizations, the National Association of Travelers Aid Societies, and the Child Welfare League of America will be discussed in subsequent chapters. These national organizations have conceived it to be their function to devise case record blanks and statistical cards and to define the terms used. A few have asked for reports from member societies and have used the reports as a basis for comparative analysis of the technique of the several societies. In general, however, the national agencies have not gone beyond suggestion and mild persuasion toward uniform statistics since they exercise no actual control over member organizations.

Local groups of agencies organized along functional lines, such

as the federations of health agencies in New York,[1] have made considerable progress in standardization of statistics by the establishment of central monthly reporting systems which include the publication of monthly reports to member agencies. The first of these central reporting systems in New York was established by the Association of Tuberculosis Clinics in 1918. Four other health organizations[2] have adopted similar plans.

With the development of councils of social agencies and community chests has come an effort toward the collection of reports from all social agencies on a city-wide basis. Since it is impossible to apportion the parts of a common fund to a considerable number of agencies intelligently without accurate knowledge of the problems to be met by each agency, current reports have become an extremely useful tool in community planning. In certain cities the federation has accepted from the agencies whatever types of report they were already in the habit of preparing, but in a few cities a successful system of uniform reporting has been established.

In addition to these efforts toward standardization from within the profession by national agencies and local councils, certain contributions have been made by the states and by the national government. In a few states, departments of public welfare have been vested with the power to require reports from private as well as from public social agencies and institutions. In other states statistics are available for at least the public institutions. This method of standardization by state departments, while it may achieve important objectives within the several states, raises a further problem of making statistics comparable from state to state.

The federal census bureau has for several decades issued statistics with regard to the numbers of certain dependent, delinquent, and defective persons with whom the field of social work is concerned, including prisoners in jails, workhouses, prisons, and re-

[1] See Wilford I. King, "Central Collection of Social Statistics," *Journal of the American Statistical Association,* June, 1929, p. 178.

[2] These are the Tuberculosis Sanatorium Conference of Metropolitan New York, the Heart Committee of the New York Tuberculosis and Health Association, the Convalescent Homes for Cardiac Children, and the Bellevue-Yorkville Health Demonstration.

formatories, feeble-minded and epileptics in institutions, patients in hospitals for mental diseases, dependent and neglected children cared for by institutions and child-placing agencies, children in day nurseries, juvenile delinquents in institutions, and adults in homes for the aged, convalescent, and incurable.

One attempt on the part of the national government to collect statistics from social agencies more frequently than once in a decade has been made by the United States Children's Bureau. This bureau has developed a plan for uniform statistics collected at least once a year from juvenile courts. The plan was put into operation in July, 1926, and a report of the first year's work has recently been published.[3] The Children's Bureau in this project has adopted the registration method of the Bureau of Vital Statistics. In other words, the juvenile court is asked to fill out a separate card for each case disposed of at any time during the year. The cards are forwarded to Washington at least once a year, and the Children's Bureau itself makes all compilations.

In another field, also, the federal government has embarked upon the collection of frequent reports from local agencies. The Federal Employment Service in the United States Department of Labor publishes the monthly reports of public employment bureaus.

Interest in uniform social statistics has also aroused the attention of research organizations that are not actively engaged in social work and that are not government research bureaus. In 1917 Dr. I. M. Rubinow, head of a privately supported bureau of social statistics in the Department of Public Charities of New York City, made the first attempt to record changes in dependency by means of statistical indices.[4] In 1924 Ferris F. Laune, of the Wieboldt Foundation, published a suggested plan for attaining uniform financial statistics in social agencies and institutions.[5] In January, 1926,

[3] *Juvenile Court Statistics, 1927,* Children's Bureau Publication No. 195.

[4] Indexes were published for family case work, care of homeless men and women, free funerals, commitment of dependent children, hospital cases paid for out of public funds, dispensary service, and small loans. See I. M. Rubinow, "A Dependency Index for New York City, 1914–1917," *American Economic Review,* VIII (December, 1918), 713–40.

[5] Published by the Wieboldt Foundation, 3166 Lincoln Avenue, Chicago.

Ralph G. Hurlin, of the Russell Sage Foundation, began collecting monthly reports from twenty-nine family welfare agencies.[6] The societies selected for this experiment included several Jewish agencies and 3 public departments. The group, as a whole, was representative of the best organized family welfare societies in the United States and Canada. The work of the Russell Sage Foundation was extended in 1928 to the fields of medical social service and child welfare, and in 1929 to the field of temporary shelter for homeless persons.

Thus, the present effort of the Joint Committee of the Association of Community Chests and Councils and the Local Community Research Committee of the University of Chicago is not an isolated venture into an entirely unexplored field. In fact, there seems to be considerable danger that the patience of a local social agency may be sorely tried by the demand of a national society, a local council, a state department, a federal bureau, and a private research foundation, each for a report of a slightly different nature. Discussion of this problem of duplication of effort, however, will be postponed to a later chapter, though it may perhaps be said here in justification of this apparent waste that it has been occasioned by the discovery that preparation of a plan for uniform statistics accomplishes little unless accompanied by the actual collection of figures.

The interest of the Association of Community Chests and Councils in comparable statistics is an outgrowth of the statistical efforts of certain local councils. The results of comparing case loads and budgets from agency to agency within one city suggested the advantages that might be derived from comparison between cities. In 1924, Raymond Clapp, of the Cleveland Welfare Federation, undertook, with the co-operation of the Association of Community Chests and Councils[7] and representatives of local councils, a study of the income, expenditure, and service of the social agencies in 40 cities of more than 100,000 population. Nineteen of these cities succeeded in collecting the required data with sufficient promptness

[6] In May, 1929, the number had been increased to 53.

[7] Then known as the American Association for Community Organization.

and accuracy to be included in the tabulations.[8] The results were published in two volumes,[9] one presenting figures on income and expenditure, the other, statistics of services rendered by social agencies. The figures given are totals for the year 1924 and were collected at the end of the year without any previous attempt to establish uniform statistical systems or comparable definitions of terms. As was to be expected, many cities were unable to report completely because existing statistical systems were not designed to yield the particular items requested.

This experiment was repeated at the end of the year 1926 by the New York office of the Association of Community Chests and Councils. Representatives of local community chests and councils in 40 cities collected reports from their agencies at the end of the year. These reports included total income and expenditure for the year and statistics of services for each of the twelve months of the year. This request for monthly service figures increased the difficulty of the undertaking. Many agencies that could make an annual report had not yet established a plan for the monthly compilation of figures. The results of this study were so unsatisfactory to its sponsors that the figures were never published.

These studies made under the guidance of the Association of Community Chests and Councils differ in one important respect from the others that have been mentioned. The other efforts have in the main either tried to show periodic fluctuations from a given base or have aimed at the fundamental objective of teaching agencies the principles of statistical reporting. In either case it has been possible to select arbitrarily any desired group of agencies and to disregard those in which standards were low or co-operation difficult to secure. One of the major objectives of the Association of Community Chests and Councils, however, has been to present comparisons of the volume of various types of social work in dif-

[8] The nineteen cities included were: Akron, Buffalo, Canton, Chicago, Cleveland, Dayton, Des Moines, Detroit, Duluth, Grand Rapids, Indianapolis, Kansas City, Milwaukee, Minneapolis, Omaha, Rochester, St. Paul, Toledo, and Wilkes-Barre.

[9] Raymond Clapp, *Study of Volume and Cost of Social Work* (1924): Vol. I, *Tabulation of Income for Nineteen Cities;* Vol. II, *Service Supplement, Tabulation of Service for Nineteen Cities.* Published by Welfare Federation of Cleveland. Mimeographed.

ferent cities. This could be done only by seeking figures on the total amount of work carried on in a given field irrespective of the standards of the agencies and of the auspices under which the programs were directed.[10]

As a result of its experiences in 1924 and 1926, the Association of Community Chests and Councils has modified its point of view. While it retains the hope of achieving total figures by means of which reliable intercity comparison may be made, it recognizes also the impossibility of omitting the preliminary step of developing sound methods of record-keeping within the agencies. It realized as a result of the work done in 1924 and 1926 the need for a more permanent research organization. It was obvious that statistics could not be compiled at the end of the year if proper records had not been kept of the units that were to be counted month by month. The Association, therefore, in the summer of 1927, enlisted the co-operation of the Local Community Research Committee of the University of Chicago, and a Joint Committee for the Registration of Social Statistics was organized in September, 1927. This Committee proceeded immediately to make plans for the collection of monthly reports from social agencies during the year 1928.

[10] The reporting system for juvenile courts devised by the United States Children's Bureau also contemplated intercity comparisons, but here the problem was simpler owing to the fact that it was usually necessary to secure the co-operation of only one court in each city in order to present total figures for the community.

CHAPTER II

THE REGISTRATION OF SOCIAL STATISTICS—1928

The Joint Committee, soon after its organization, outlined the specific aims it desired to achieve in 1928. The primary objectives were, first, to obtain statistical measurements of the total volume of social service in a representative group of cities and, second, to relate this service, if possible, to the income and expenditure of the agencies providing it. Back of these objectives lay a desire to encourage agencies to develop better records and statistics and to stimulate communities to collect as a routine function accurate data pertaining to social work.

From the outset the plan was considered the nucleus of a possible national scheme which might be extended to other cities as they became able and willing to co-operate. For that reason the study was called the "Registration of Social Statistics," and the first cities included were thought of as a "registration area," similar to the registration area for vital statistics,[1] that is, an area within which certain statistical requirements could be met.

The first concrete task was to define the field of social work to be covered by the registration. Since few efforts have been made to define "social work," the legal definitions of the term "charity" were consulted to determine whether any one of them could be adapted to the present need. The definition formulated by Justice Horace Gray in a famous charity case[2] that came before the Massachusetts Supreme Court in 1867, which, according to Zollman,[3] is the most satisfactory of the series, reads as follows:

> A charity, in the legal sense, may be more fully defined as a gift, to be applied consistent with existing laws, for the benefit of an indefinite number of persons, either by bringing their minds or hearts under the influence of education

[1] The plan does not, of course, follow the registration method of requiring a report to be forwarded to the central office for each case. The reports received are really monthly tabulations of cases handled by the local agencies.

[2] *Jackson* vs. *Phillips,* 96 Mass. (14 Allen), 539–99.

[3] Carl Zollman, *The Law of Charitable Trusts,* chap. iv.

or religion, by relieving their bodies from disease, suffering or restraint, by assisting them to establish themselves in life, or by erecting or maintaining public buildings or works, or otherwise lessening the burden of government.

It was clear that this definition, which sought to limit the area within which charitable trusts might operate, was too broad to apply to the field of social work. Such trusts could properly be turned to the creation and maintenance of museums, art galleries, and similar establishments with which social work does not concern itself. In other words, social work was clearly only one of the activities to which charitable trusts and the legal definition of such trusts could be applied.

The longer it was considered, the more questionable appeared the advisability of attempting to define the field. Much may be said against reducing the concept of social work to a narrow formula. New discoveries in science, new avenues into which energy may be turned, the flux and change in human needs and wants—all these must inevitably enlarge the scope of social work, which, first and last, must concern itself with the stresses and strains occasioned by the lack of, or the imperfect operation of, the machinery for living which society has created. It will perhaps always be a sort of marginal field, free to push forward its boundaries and to alter its purposes as need suggests. Quite apart, then, from the practical difficulties involved, there is valid ground for asserting that social work may, with greater fairness to its aims, be defined, not in rigid and general terms, but rather by means of a description of some of the more specific functions which may fall within the general field of philanthropy at any given time.

The problem thus became one of modifying the analyses of the field that had been made in the studies of 1924 and 1926. In these two studies the field had been divided into the four categories of dependency, delinquency, health, and character-building. The task of gathering accurate data from the organizations commonly classified as "character-building agencies," however (that is, agencies concerned with education, recreation, and similar leisure-time activities) proved exceptionally difficult. Accordingly it seemed wisest to exclude that field from the study at the outset and to concentrate upon fields in which more rapid progress could probably be expected.

The elimination of the character-building agencies limited the scope of the study to organizations concerned with problems of dependency, delinquency, and illness. These fields overlap at points, and all of them shade off into activities that probably do not belong within the field of social work. The first step toward definition consisted in the preparation of a list of all activities, both institutional and non-institutional, that appeared to be within the field of social work and that were concerned with the individualized treatment of cases of dependency, delinquency, or illness. Agencies such as the social reform groups that are interested in these fields, but concerned with the broad aspects of the problem rather than with treatment of specific cases, were excluded.

If any given function in the completed list had habitually relied upon altruistic considerations for its support and if it had commonly been accorded a place in the programs of the National Conference of Social Work, it was accepted as one of the fields with which the present study should be concerned. By this process a list of twenty-four functions was worked out, all of which could be described as social work.[4] In lieu of a verbal definition, this list of functions was accepted as a delimitation of the field with which the 1928 study should be concerned.

The delimitation of the field of study was followed by an effort to define each of the twenty-four functions. This problem could not be resolved simply by listing the activities peculiar to each function. An activity that lies within the province of a function in one city may lie outside it in another. Thus in some communities family welfare agencies place unemployed workmen in jobs as a part of

[4] The twenty-four functions were: (1) family welfare and relief; (2) non-institutional aid to service and ex-service men and their families; (3) legal aid; (4) non-institutional service for travelers; (5) court work for delinquent and dependent or neglected children; (6) child placing and the institutional care of dependent children; (7) institutional care of delinquent children; (8) institutional care of delinquent young people and adults; (9) care of children in day institutions; (10) non-institutional protective work for delinquent and neglected children or young people; (11) adult probation; (12) free employment service; (13) salvage industries and sheltered employment; (14) temporary shelter for homeless or transient persons; (15) institutional care of aged persons, indigent adults, and chronic invalids; (16) maternity homes; (17) hospital in-patient service; (18) clinic and dispensary out-patient service; (19) city or county non-institutional medical care of the sick poor; (20) medical social service; (21) psychiatric social service; (22) public health nursing; (23) school nursing and school medical inspection; (24) visiting teacher social service.

social treatment though they do not operate an employment bureau, while in other cities the family welfare societies simply refer unemployed workers to special bureaus created to serve them. The functions of institutions yield readily to definition. The difficulties arise chiefly in the cases of non-institutional agencies. The attempts made to meet this problem in each field will be discussed in the chapter relating to that field.

An effort was also made to group the functions so that each of them would fall under one or another of the three main classifications, dependency, delinquency, or illness. This arrangement was attempted, not only because it had been the method used in the studies of 1924 and 1926, but also because there was the hope of effecting combinations in the final tables that would give indices for each of the three major divisions. An examination of the items to be reported in the various fields of work soon proved that it would be hazardous at this stage of development to try to combine the service units of different types of agencies even though they might be operating in the same general field. While it is true that statistical indices may be constructed by combining very unlike units, such as tons of coal and yards of cloth, these measurements both have meanings much more concrete than those prevalent in social work. It seemed doubtful whether there would be real significance, for example, in combining the units of service reported by mothers' aid departments and those rendered by day nurseries, even though both groups are in the last analysis concerned with the relief of dependency. The further difficulty was encountered that certain fields of work cannot be placed in one single category without seriously straining the facts. Thus case work service provided for travelers has often been classified under dependency, though in actual practice Travelers Aid Societies are also concerned with many cases of delinquency. The ultimate decision, therefore, was to develop schedules that would apply to the various functions performed by social agencies and to make no attempt to fit these functions arbitrarily under a general heading such as delinquency or dependency. Each schedule, it was decided, should attempt to cover one clearly defined activity. Thus a blank was developed for juvenile courts that would enable them to report on one form all the work they did both for delinquents and dependents.

On the basis of this policy twenty-four report blanks were prepared which seemed to cover the activities with which the 1928 study was concerned. Some of these fields had been covered in the 1924 and 1926 compilations and others, such as psychiatric social service and visiting teacher work, were now introduced for the first time. Considered as a group, the complete set of schedules seemed to cover, with a few exceptions, the entire range of effort made by social workers in the individualized treatment of dependency, delinquency, and illness.

The preparation of report blanks for these twenty-four fields involved the examination of a considerable body of material that had already been published by national agencies. The advice of statisticians retained by these national bodies was sought and conferences with them were arranged if possible. Some organizations were able to recommend reporting schemes that were likely to fit the needs of their particular fields and others declared that comparatively little uniformity in reporting methods had been achieved within their group. The general policy was to follow closely the reporting systems recommended by the national agencies in fields in which such systems had been developed. In practically every instance the national agency's statistical plan was much more detailed than the needs of the registration required, and the problem was accordingly one of selecting from the scheme those portions that could be reduced to simpler proportions and that would give a measure of volume. Number of days' care given, number of visits made, and other elementary units of similar character were the types of measuring-sticks chosen in each field. In each case the number of items selected was small, and in the end it proved possible to reduce the monthly report form for each type of activity to the dimensions of a convenient card 5 by 8 inches in size. The fact that agencies co-operated in submitting reports much more readily than had been anticipated may have been due to the simple, concise character of the blanks.

The selection of suitable items for the schedules was simpler, however, than the formulating of adequate definitions of terms. The difficulties encountered were of two general types: (1) in some fields units of measurement are in current use which appear to be incapable of verbal definition; (2) in other fields rival definitions

of certain terms were found between which a choice had to be made. The first of these problems seemed in some fields practically insoluble on any basis that was statistically sound. Family welfare agencies in all sections of the country, for example, are accustomed to use the terms "major care case" and "minor care case." Both expressions, in spite of numerous efforts to define them, connote different meanings, not only to different agencies but even to different workers within a single agency. Their variability as units of measurement became startlingly apparent in an experiment conducted in the opening months of the registration.[5] Similar discrepancies between definition and interpretation were discovered in medical-social service, in psychiatric social service, and in several other case-working fields. In institutions providing domiciliary care, the basic unit "days' care" has long been accepted and defined. Report blanks for institutions were therefore comparatively easy to construct. The efforts made to define terms in the non-institutional fields will be described in subsequent chapters.

The second problem involved making decisions in questions of a controversial nature. In the field of hospital in-patient service, to cite an instance, there are rival definitions of the terms "pay" and "part-pay." One of these appears to be much sounder than the other, but it also is less widely used and is more difficult to put into operation. In such a case the problem was one of determining whether it was better to fall in line with the practice of a majority of the hospitals or to stand with the minority group for a method that in the long run should produce data of superior significance. Wrong decisions were perhaps made on some of these issues. Few, if any, of the definitions were regarded as final, however, and any item remained subject to redefinition if new light could be thrown upon it.

The next step was to formulate a plan for selecting the cities in which to launch the study. It seemed probable that many communities would be interested in entering the registration. An attempt was therefore made to formulate requirements for admission that would not only assure a reasonable standard of performance but that would also limit the area to manageable proportions. The first

[5] For a description of this experiment see pp. 47–49.

requirement for admission was that each city agree to appoint a local supervisor who could devote as much time to the local aspects of the undertaking as might be required. Each city was also expected to buy its monthly report blanks from the central office at cost and to use these blanks in assembling the monthly service reports. The most rigorous requirement pertained to the standard of performance that each council would be expected to maintain. Monthly reports covering at least 80 per cent of the work done locally in five specified fields and in ten additional fields were required. The five obligatory fields were: (1) family welfare and relief; (2) child-placing and the institutional care of dependent children; (3) hospital in-patient service; (4) clinic and dispensary out-patient service; (5) public health nursing. Some leeway was allowed by permitting a city to count as complete any field in which it had no organized work. Thus a small city with no recognized agency for rendering legal aid was entitled to count the legal aid field as one in which it could meet the requirements. Except in one instance, no city was exempted from trying to report the specified fields.[6]

Some question arose as to what was meant by the expression "80 per cent of the work done." Obviously, it would have been disastrous to interpret this requirement as meaning "80 per cent of the agencies operating in a particular field," since the organizations included in the missing 20 per cent might be the ones that carried the heaviest responsibility. On the other hand, no reliable information was available by which could be determined the proportion of the total amount of work in a city that was handled by an agency that refused to register. It was necessary, in fields in which some agencies refused to co-operate, to reach an estimate of the importance of their work in the total volume of similar activity in the city. Sometimes the local supervisors had information at their disposal by which this percentage could be determined with reasonable accuracy. In other instances information could sometimes be culled from public records or from published reports. Occasionally, when

[6] The one exception was St. Louis which, by arrangement with the Joint Committee, entered the registration under a special plan and agreed to submit reports in only twelve fields.

no basis for determining the importance of the program of a non-reporting agency could be established, it was necessary for the local supervisor to decide whether that particular field of work should be entirely omitted or whether sufficient value would accrue to the local council from the assembling of reports to justify asking for them even though no assurance could be given that the figures would be included in the final tables sent out from the central office.

These requirements for participation were outlined in a letter of invitation that was sent out to all cities with federations that are members of the Association of Community Chests and Councils.[7] The cities of the Pacific slope were excluded the first year because budgetary limitations would not permit the travel that would be necessary to institute and supervise the work in those communities.

Responses to the invitation were received from a large number of cities. A majority of the replies indicated a desire to participate, coupled with a realization of inability to do so. Many communities stated frankly that several years' work would probably have to be done before their agencies could be relied upon to submit service reports that could be accepted with confidence. Other cities declared that unco-operative agencies in one or more of the obligatory fields made it impossible for them to apply for admission. A considerable number requested permission to buy the standard report forms and declared their intention to put these blanks into operation with a view to qualifying later for inclusion in the registration area. This attitude was interesting because it indicated a belief that a central bureau for the collection of the statistics of social work was destined to continue as a permanent part of the social structure of the country. In a few cases local councils requested a field visit in order to learn at first hand just what commitments they would be making if they identified themselves with the project. When the work finally got under way, 29 cities[8] had affiliated in the registration and sev-

[7] The number of cities affiliated with the Association of Community Chests and Councils was 300.

[8] The cities participating in 1928 were: Akron, Buffalo, Canton, Chicago, Cincinnati, Cleveland, Columbus, Dayton, Denver, Des Moines, Detroit, Grand Rapids, Harrisburg, Indianapolis, Lancaster, Minneapolis, Newark, New Orleans, Omaha, Reading, Richmond, Scranton, Sharon, Sioux City, Springfield, Illinois, Springfield, Ohio, St. Louis, St. Paul, Wichita.

eral other cities were using the standard forms for their own monthly service reporting. No effort was made by the central office to keep in touch with cities of the latter group either through correspondence or field visits, although all inquiries relative to interpretation of items on the schedules were answered.

It was evident that the success of the study would depend in large measure upon careful field work in the opening months. Accordingly, a visit was made to each city and the items on each schedule were discussed with the local supervisor in the interest of insuring uniform interpretations.[9]

The population of the cities included in the registration area and the numbers of reports expected each month from each city are shown in Chart I. In most cases the local reporting area was not a single legal city but a city with a fringe of suburbs forming a metropolitan area. In a few instances the reporting area was an entire county. The definitions of some of the metropolitan areas raised difficult questions with regard to estimating the population since in certain cases the boundary lines cut across the enumeration districts of the Bureau of the Census. Estimates of the 1920 population of these parts of enumeration districts were reached with the aid of information supplied by local supervisors. Since the latest available census data were eight years old, some doubt may be expressed with regard to the estimated growth between January 1, 1920, and July 1, 1928. The census method of straight line estimate was used except in the case of a few areas in which sound local opinion agreed that the straight line would yield too large a population figure. Because of the tendency of local groups to overestimate rather than to underestimate population, it seemed safe to accept these modifications. On the other hand, no adjustments were made for some cities which have undoubtedly increased at a faster rate than a straight line increase. Some degree of error must therefore

[9] A second opportunity for conference and discussion was provided by the meeting of the National Conference of Social Work which convened in Memphis in May. More than twenty of the twenty-nine local supervisors were present at a luncheon meeting and a number of interested workers from non-participating cities also attended. Points that had been causing difficulties in the various cities were brought up for consideration and uniform interpretations were agreed upon.

be expected in the case rates per thousand population computed upon these estimates of population.

The total population of the registration area was estimated to be 13,031,000 as of July 1, 1928. For the local reporting areas the populations ranged from 55,000 in Sharon, Pennsylvania, to 3,129,000 in Chicago. The area included 6 cities of less than 100,000, 9 of 100,000 but less than 250,000, 8 of 250,000 but less than 500,000, 3 of 500,000 but less than one million, and 3 of more than one million. The local reporting areas were distributed among six of the nine main geographical divisions of the United States.[10] No local areas were included from the New England, East South Central, and Pacific divisions. The registration area included slightly more than 10 per cent of the entire population of the United States.[11] The cities included in the area are believed to be representative of the large manufacturing cities, medium-sized cities with a single dominant industry, such as rubber or iron and steel manufacturing, transportation centers with more diversified industries, and centers of agricultural population.

The number of social agencies, and hence the number of reports due each month, might be expected to vary to a certain extent with the size of the city. That this is true only to a limited degree is shown by Chart I. The Cincinnati area, with about half the population of the Cleveland area and one-third the population of the Detroit area, had a larger number of reports to submit each month than either of these cities. Likewise, in number of reports expected, Minneapolis exceeded Buffalo and St. Paul exceeded Newark, although their respective populations vary inversely. The number of reports due from a city indicates the number of administrative units among which the various social work functions are distributed. This number, however, may exceed the number of separately incorporated agencies. Thus, a family welfare society operating an institution for the temporary shelter of homeless or transient persons submits two reports, although in a census of social agencies it would probably be counted as only one organization. The compara-

[10] The geographical divisions referred to are those of the United States Census Bureau.

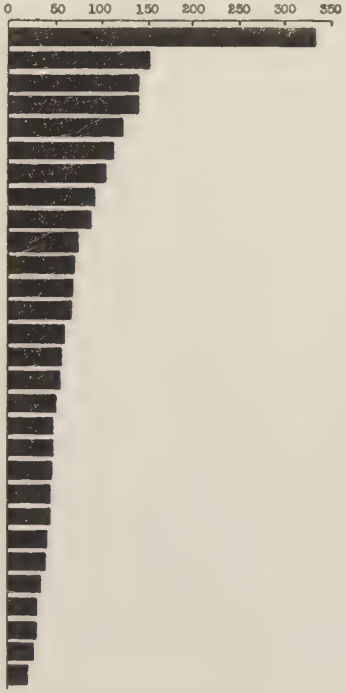
[11] Comparing the population as reported by the United States Census in 1920.

tive number of reports expected from these cities indicates either the degree of diversity in the social services offered or else reflects decentralization of certain functions among a number of administrative units.

CHART I

POPULATION OF CITIES IN THE REGISTRATION AREA FOR SOCIAL STATISTICS AND NUMBER OF REPORTS EXPECTED EACH MONTH DURING 1928

Metropolitan area	Population (estimated) July 1, 1928	Number of reports expected each month
CHICAGO	3,129,000	335
CINCINNATI	523,000	150
DETROIT	1,628,000	138
CLEVELAND	1,174,000	138
MINNEAPOLIS	459,000	123
BUFFALO	727,000	111
NEW ORLEANS	429,000	103
ST. PAUL	263,000	89
NEWARK	473,000	87
DENVER	294,000	73
COLUMBUS	339,000	70
OMAHA	215,000	69
RICHMOND	245,000	67
GRAND RAPIDS	180,000	60
DES MOINES	162,000	58
INDIANAPOLIS	365,000	54
* ST. LOUIS	965,000	50
SCRANTON	167,000	49
WICHITA	90,000	48
SIOUX CITY	80,000	47
CANTON	120,000	46
READING	148,000	44
DAYTON	219,000	41
AKRON	260,000	40
SPRINGFIELD, ILL.	66,000	34
LANCASTER	61,000	30
HARRISBURG	102,000	30
SPRINGFIELD, O.	73,000	27
SHARON	55,000	20



* St. Louis entered the registration in only 12 fields rather than 24 fields.

A total of 2,231 reports each month, or 26,772 for the year, should have been received. The actual accomplishment is shown in Table I. Of the 2,231 agencies expected to report, 1,978 reported at least once, and of the 26,772 reports expected for the year, 22,642, or 84.6 per cent, were actually received. In addition, estimates that appeared to be reasonably accurate were received for 13 agencies which could not submit reports.

In the following chapters the results of the tabulation of the monthly reports are presented. The figures represent the amount of work done and do not necessarily, of course, measure the extent

TABLE I

PERCENTAGE RECEIVED OF MONTHLY REPORTS EXPECTED FROM CITIES IN THE REGISTRATION AREA FOR SOCIAL STATISTICS DURING 1928

Metropolitan Area	Number of Reports Expected	Percentage Received
Total	26,772	84.6
Akron	480	77.1
Buffalo	1,332	99.2
Canton	552	74.8
Chicago	4,020	58.5
Cincinnati	1,800	93.2
Cleveland	1,656	94.2
Columbus	840	87.4
Dayton	492	99.6
Denver	876	84.8
Des Moines	696	69.4
Detroit	1,656	98.0
Grand Rapids	720	91.7
Harrisburg	360	87.5
Indianapolis	648	61.3
Lancaster	360	96.7
Minneapolis	1,476	88.6
Newark	1,044	89.4
New Orleans	1,236	91.1
Omaha	828	99.5
Reading	528	96.8
Richmond	804	73.1
Scranton	588	50.3
Sharon	240	99.6
Sioux City	564	99.1
Springfield, Ill.	408	90.2
Springfield, Ohio	324	78.4
St. Louis	600	89.5
St. Paul	1,068	98.4
Wichita	576	97.7

of the need. Moreover, it is possible that the cities included in the registration are better organized for social work than other cities and may not be typical of the country at large. Conclusions with regard to social work in other cities should therefore be drawn with extreme caution. An effort has been made to present for each field the total number of different cases cared for during the year, and some one unit that could be compared with confidence from city to

city. The last consideration mentioned—comparison from city to city—has led to a greater use of monthly averages than would otherwise be desirable. The total number of days' care given during the year, for example, is probably, for a single city, a better measure of service rendered than the average monthly number of days' care. Since in many cases, however, the reports for one month of the year were incomplete, an average for the eleven months reported has been used for the sake of comparison with an average for twelve months reported by another city. Care has been taken to use these averages only when the missing months seemed not subject to extreme variation. In no case were averages computed for less than six months. An alternative method would have been to estimate the missing figures for each agency. This method, however, would have obscured what seemed to be for the first year's report an important fact—the relative completeness of the data.

CHAPTER III

FAMILY AND EX-SOLDIER WELFARE AND RELIEF AND MOTHERS' PENSIONS

The field of family welfare and relief was broadly defined to include those agencies whose chief concern is the dependent or maladjusted family. It was not always easy, however, to determine in any particular city just which agencies belonged within this classification and which belonged in others. In order to reach some basis for establishing lines of demarcation, it was necessary to examine the programs of a wide variety of organizations. A brief review of the various types of activity that had to be considered will perhaps serve to indicate the kind of work included in the statistics presented in this chapter.

In every urban center there are one or two family welfare societies that seem to stand out as leaders. They not only make some effort to co-ordinate the functions of local organizations whose programs may not yet have assumed definite form, but they also exchange experiences with similar organizations in other cities through the medium of a national federation, the American Association for Organizing Family Social Work, with which they are affiliated. This interest in improving the technique of case work, coupled with the local prestige which these societies usually enjoy, identifies them unmistakably as agencies that must be included in any study of family welfare statistics.

All the larger cities and many of the smaller ones also have organizations for the care of families of particular racial or religious groups. Frequently the standards of these societies are conceded to be among the highest of their respective communities. In the smaller cities, however, they are often merely volunteer committees that may or may not function regularly and that may or may not seek and secure regular financial support from the community. The fact that one of these societies in a small city may bear the same name as a similar organization in a larger community by no means indicates that both discharge like functions. One may be carrying a large

portion of the local effort in behalf of distressed families while the other may serve a case only now and then when funds are available or when members of the board are free to devote attention to their commitments.

Public authorities in a majority of urban centers are likewise charged with responsibility for the relief of family distress. While there has been a tendency—particularly in recent years—for these departments to take over the technique of the best private societies, a large number still confine their efforts to the relief of indigency and make no attempt to reconstruct or improve family life.

In addition to these private agencies and public departments that disburse the bulk of the community's expenditure for the relief of distressed families, a whole fringe of marginal organizations exists whose functions are difficult to classify. Some of these groups are church societies or fraternal orders whose programs of benevolence, intended primarily for their own members, have expanded to wider limits as additional funds have become available. Occasionally such groups gain the recognition of the community and are able to take their place among the established social agencies of the city. More frequently they conduct a more or less intermittent program that expands or contracts, not in proportion as needs are greater or less, but rather as funds are more or less available. Some of these groups assume full responsibility for the care of the families they undertake to assist. Others do not attempt to meet all the needs of a family, but confine themselves to one special type of relief, such as the provision of shoes or scholarships for school children, layettes for expectant mothers, milk, coal, ice, or even fresh fruits and flowers. These societies, however different the scope of their programs, resemble one another in the fact that they provide for particular cases and are not interested solely in broad programs of social reform. They are occupied with a "practical" program, as they term it, and are more concerned with relief-giving than with a study of underlying causes of distress.

Another group of organizations whose activities resemble the programs of family welfare societies are the various agencies for the care of the handicapped. A majority of these societies are under private auspices. Oftentimes they limit their work to re-education

and vocational placement. Often, however, they provide relief, particularly the special kinds of relief necessitated by physical handicaps, such as glasses or orthopedic appliances, and in some instances they assume full responsibility and not only give relief but also make a complete social diagnosis in a manner not distinguishable from that of the older case-working organizations.

In some states, public provision has either supplemented or taken the place of private efforts to aid the handicapped. The most frequent of these public efforts is in the form of pensions for the blind. Persons suffering from other types of handicaps, if aided at all by the state, are usually either given institutional care or else are eligible for medical assistance only and must seek such other aid as they may need from other agencies in the community.

Another type of public assistance that is widespread is mothers' aid or widows' pensions. The departments that administer these funds have, by and large, adopted the methods of case work. In this respect they often stand in marked contrast to other public agencies in the community. The question that arises in relation to their work is whether they are primarily family welfare agencies or whether they would more properly be classified as child welfare departments. They have no jurisdiction in homes where there are no children. Nor can they concern themselves with problems of child-placing. Their programs are limited to the supervision of homes in which any of the usual problems of family life may and do manifest themselves.

Closely allied with the problem of classifying the mothers' pension departments is the question of classifying the non-institutional agencies for the care of dependent or neglected children. In some cities where these organizations are concerned chiefly with neglected children in their own homes, it is difficult to discover any important difference between their work and the work of the family welfare organizations of the community. Both must, by the nature of the case, consider not only the family but also the child in its relation to the family. Distinctions either in their aims or their methods are often difficult to detect.

Since the outbreak of the recent war many urban communities have developed one or more local programs for the care of soldiers

and ex-soldiers. American Red Cross chapters led in this development and sought to relieve the local family societies of all responsibility for care of the soldier group. After the war, the American Legion and other ex-service men's organizations attempted to inaugurate similar programs. Occasionally the women's auxiliaries of these societies also embarked upon a program of relief-giving. In some states special legislation was enacted by virtue of which public funds were set aside for the assistance of war veterans. These funds are in some places administered through existing public authorities. Elsewhere the state funds may be drawn upon by the official representatives of the veterans' organizations. In Omaha, for example, the Nebraska appropriation is disbursed largely through the American Legion posts. In most cities where public money is available for the ex-soldier group, it is spent primarily for relief and very little if any attention is given to planned social treatment.

Thus, with a varied group of agencies concerned more or less directly with family welfare, the problem of delimiting the field assumed difficult proportions. Obviously a class, to be significant, must be fairly homogeneous and if statistics were to be assembled that represented the volume of family welfare work in various cities the agencies included in the study must have in common some basic elements of similarity.

Viewed as a group the various agencies that have been described seemed to possess in common only one negative and one positive feature. First of all, none of them were institutional. All were concerned with the care of clients in their own homes. In other words all were organizations that limited their activities to "outdoor" relief. On the positive side the only element they seemed to have in common was an interest in, or an obligation toward, the distressed members of the community.

These two elements—one negative and the other positive—scarcely seemed to provide an adequate basis upon which to group together activities that differed so widely both in extent and in content. Further examination of the field seemed to indicate three tests that might be applied in determining whether a given agency should be recognized as one of the family welfare organizations of the city:

(1) Was it a member of the family welfare council? (2) Was it recognized by the community as an instrument for attacking problems of family distress? (3) Did its program enable it to seek support successfully from the community as an essential organ of social welfare?

The first of these tests could not be applied, of course, in cities where a family welfare council had not as yet been organized. Where such councils did exist, the test was a useful one. Obviously such councils had attempted to seek out the organizations that bore a recognized portion of the responsibility for relief of family distress. The member organizations of the family council could therefore usually be classified as family welfare agencies merely by virtue of their participation in the deliberations of the council.

In most cities, however, the council is not all-inclusive. Frequently the public agencies do not affiliate with it or at least do not play an important rôle in its deliberations. In such instances one of the other tests had to be applied. Moreover, in some communities the family council does not limit itself to family problems, but is organized as a "family and child welfare" council. In such cities membership in the council did not solve the problem of differentiating between family societies and societies concerned primarily with the care of neglected children in their own homes.

The second test could be applied in two ways. In most cities the chamber of commerce has a charities indorsement bureau of long standing. These bureaus will usually not indorse any family welfare society or relief-giving organization unless it agrees to register its cases with the social service exchange. Unfortunately the vigilance of the indorsement bureau has in some cities been somewhat relaxed and some agencies are indorsed that have ceased to register their cases. Nevertheless the very fact that the indorsement bureau does approve an agency indicates that some investigation, however superficial, has been made and that the bureau considers the agency one of the bodies that may legitimately ask for support on the basis of its public usefulness.

An examination of the policy of other local societies with relation to referring cases to a society in question was a further way in which the second test could be applied. In every city some lines of de-

marcation have been drawn, and in most cities these lines are emerging with increasing sharpness. The social workers thus become familiar with the programs of all local agencies and know just which agencies can be relied upon to accept for care any given type of client. A study of the policies of agencies with regard to reference of cases thus proved a useful guide in determining whether a doubtful group could be regarded as a unit in the local provision for social work that could be depended upon to discharge the obligations it had agreed to assume.

The third test could be applied both to public and to private agencies. It resolved itself into the question: To which agencies does the community give financial support in the belief that it is thus discharging its obligation toward its weaker members? Thus an agency that could pass the first two tests successfully might still be ruled out if it had failed to win popular support or had relied chiefly upon the fitful contributions of a few interested members or friends. If, however, an organization did draw its resources from any considerable body of citizens, it was considered a recognized agency whose service figures should be included in the registration regardless of the quality of its services. The program of the public outdoor relief department, for example, might be little better than periodic dole-giving. Nevertheless, if huge sums are given in doles, there seems some reason to believe that the taxpayers have no active prejudice against that method of aiding the poor. The same reasoning may be applied to private societies of low standard. If the public continues to give to them, either independently or through a community chest, the evidence seems to be on the side of recognizing them as instrumentalities that meet with local approbation.

The desirability of developing objective tests by which agencies belonging in the family welfare field can be readily identified is a question concerning which views differ. Some workers have advocated a membership test. This suggestion overlooks the fact that membership in a national professional organization is itself an attribute that is conferred on the basis of tests many of which are largely subjective. Moreover the danger of developing a sort of class consciousness among agencies that would be the antithesis of the ideal they project for themselves appears to many observers to

outweigh the values that might be gained from the application of such a standard. In the final analysis the purpose for which family welfare statistics are gathered must determine the method of classifying the agencies. If the purpose is to ascertain the relative amounts of work that conform to any agreed standard, then membership tests, conformity to stipulated methods, and similar indices must be used. But if the purpose is to determine the total volume of work for distressed families in a given community, then such indices must be largely subordinated to the cruder test of whether the work in question represents the community's effort to ameliorate the lot of the disadvantaged.

The latter objective, which was the one adopted in the present study, enhanced the difficulty of classifying the agencies. Situations arose in which the evidence seemed to weigh equally on both sides. A tendency to stigmatize certain programs as "poor work" and to eliminate them on that basis had constantly to be fought. In the end the decision was based on an examination agency by agency of all the organizations in each city that might conceivably be interpreted as family welfare agencies. Agencies listed in this way from which monthly statistics were to be requested included in most cities the following groups: mothers' pension departments, all tax-supported bodies for outdoor relief, including the special relief for ex-soldiers and for the blind, the generalized family case-working agency of the city together with the Jewish and Catholic agencies (except in smaller cities where no such societies existed), the Red Cross Home Service Section, the Salvation Army, and a variety of other societies that carried on family work in some cities and not in others, such as the American Legion and the Volunteers of America. This meant that no city had fewer than five agencies in this field, and one city was found to have as many as twelve.

The next problem was to determine whether agencies as diverse as these could all be expected to use an identical monthly report blank. Upon analysis it seemed that the work for ex-soldiers should be reported on a separate blank and that it should not be tabulated with other family welfare figures. This decision was based upon a study of the services which the ex-soldier organizations are called upon to give. Much of their work consists in settling claims against

the government in the interest of their clients. Often this service does not involve the type of family study and treatment that normally accompanies family case work. Hence one worker can frequently carry many more cases than a family worker could be expected to serve. Moreover the adjustments can often be on a more impersonal plane and frequently involve individuals who, if a special agency for ex-soldiers did not exist, would probably never be known to any charitable organization. Accordingly a separate blank for ex-soldier work was developed, which, while it closely resembled the family welfare blank, did differ from it in a number of particulars, specifically with regard to instructions for recording relief.

It remains an open question whether the decision to report case work for ex-soldiers on a separate blank was sound. More and more the wisdom of setting aside the ex-soldier as an individual in need of a particularized service is being questioned. For a number of years the American National Red Cross has been seeking to withdraw from this type of case work and to turn its clients over to the regularly constituted family welfare agencies of the community. This policy has met with resistance, however, and, in spite of the announced opinion of those experienced in this field, a substantial body of public sentiment opposes the turning over of cases of war veterans to the undifferentiated relief societies. Nevertheless, this transfer has been accomplished in a few cities, and apparently without objectionable results. While the decisions of statisticians will not ultimately determine policies, nevertheless the wisdom of encouraging cities to think of this work as something unique and therefore deserving of more than ordinary consideration is open to question. When the specialists in a given field have announced their belief that a certain type of work should be discontinued or turned over to some other group, statisticians perhaps have no right to obstruct the carrying out of this policy by giving recognition to the distinct character of the work in question.

Mothers' pension departments in 1928 were asked to report on the same form that was used by the family welfare societies. This arrangement did not prove entirely satisfactory. Since in many communities funds for mothers' pensions are quite limited, there is a long interval between the filing of an application and the award

of a pension. During this interval a period of investigation occurs which in many cases includes case work without relief. It was not possible to show on the form prepared for the family societies this distinction between applications worked on and cases receiving grants. Toward the end of the year when the report blanks for the next year's work were being considered, an examination of the reports submitted by mothers' aid departments was made. On the basis of this study, a separate blank was prepared for 1929, in which the investigation and case work service rendered to mothers whose applications for assistance were pending could be shown separately from the supervisory care given to families in which the grant was already operative. In 1928 it was necessary to include both applications and current grants in one total figure. Except in one city this total figure was reported as a count of major care cases. In Wichita the total count was recorded under the category of minor care cases.

The number of agencies expected to report in this field was 275. Of this number 220 were general family welfare and relief agencies reporting on Form 1 and 55 were specialized agencies for the aid of ex-soldiers reporting on Form No. 2. Reports were received from 261 agencies, 211 general family welfare agencies and 50 ex-soldier agencies.

Among the 220 family welfare agencies expected to report on Form 1, 152 were private societies, 41 were public departments of outdoor relief, and 27 were mothers' pension departments. The only private agency which failed to co-operate was in Scranton, though the reports received from some of the other private societies were only partially complete or were on a quarterly or annual rather than on a monthly basis.

The figures of the public departments were more difficult to obtain. The mothers' pension departments of Harrisburg and Richmond did not report, and 5 public departments for outdoor relief located in Canton, Cincinnati, Indianapolis, Newark, and Scranton supplied no figures. Nevertheless the co-operation received surpassed original expectations. Figures, however fragmentary, were made available by approximately 95 per cent of the family welfare agencies of the area.

Reports were received from 50 of the 55 recognized ex-soldier

agencies in the area. Three private agencies and 2 public departments failed to co-operate. The only two Red Cross chapters from which reports were not received were in Cincinnati and Des Moines. The public departments which submitted no reports were in Cleveland and Des Moines. Omaha and Cincinnati, with 4 agencies each, have the largest number of programs for ex-soldier relief. The number of agencies in Omaha may be explained by the action of the state legislature, which, in lieu of a state bonus, set aside a relief fund which could be drawn upon by the authorized representatives of the ex-service men's organizations. In the following pages the reports of the general family welfare agencies will be discussed first and the reports of the ex-soldier agencies will be presented in the latter part of the chapter.

One of the most obvious measurements of volume of work that can be compared from city to city is the amount of relief given. Since the measurement is in terms of dollars and cents there is little doubt of its meaning. The report blank provided for a statement of the total amount of relief given each month and also for the amount given to major care cases and minor care cases, respectively. A considerable number of agencies that could give the total figures were unable to make a distinction between the relief given to the two types of cases. Moreover, the methods used in compiling the relief report were in some organizations subject to inaccuracies. In addition problems arose with regard to the evaluation of relief in kind, the inclusion of funds secured from relatives, the disbursement of Christmas or other special seasonal funds, the custody of money belonging to clients, and the recording of loans and reimbursements.

The problem of getting an accurate account of relief given arises from the fact that the monthly report is in many agencies filled out by a statistical clerk from the records of the case workers. The relief reported by the case workers does not always tally with the amounts shown in the books of the agency's accountant. It is easy to understand how this discrepancy occurs. The bookkeeper is held responsible by the auditors, and his receipts and disbursements must balance. The case worker, on the other hand, is not held to this rigid standard. Moreover, she is interested in having a record of all

assets possessed by the family. Thus, she is likely to keep an account of lodge benefits, money received from natural sources, and similar sums in which the bookkeeper has no interest. She uses this information in computing a family budget and for other purposes. Moreover, she is likely to keep an account of articles donated to a family, such as schoolbooks or clothing. Hence her records may easily become confused and at the end of the month may not correspond with those of the bookkeeper. Furthermore, the case worker may enter the authorization for food or clothing as relief at the time the order is issued, while payment for the goods may not enter into the accountant's books until the following month. The situation, while it is understandable, is unfortunate and undoubtedly should be remedied. It is evident that case workers cannot at present rely upon their own figures relative to relief disbursements. Therefore, the time spent in preparing them is largely lost.

A part of the difficulty involved in relief statistics is due to the varying practices of agencies with regard to the evaluation of donated goods and services. Donated goods can be evaluated only in case the agency maintains a careful storeroom system. Under such a system, goods are evaluated and tagged upon receipt and are issued upon requisitions made in duplicate. One copy of the requisition is turned over to the bookkeeper to include in his financial statement. The other is given to the case worker who enters the value in the relief record contained in the family folder. Some agencies maintain this system for the evaluation of new goods but do not take into account donations of used articles or furniture. It is doubtful whether this distinction is sound. If material has a marketable value, it probably should be evaluated, and when given out should be counted as relief in terms of the value assigned to it.

The evaluation of services is not a serious problem in the recording of relief statistics. The services donated are generally either professional or, more rarely, domestic. While such services may be evaluated and included in financial statements as contributions and as pay-roll disbursements, they are seldom, if ever, regarded as relief. No agency would be disposed to evaluate the services of a case worker and enter that figure as relief. By analogy there would seem to be no reason for evaluating the services of other professional

workers that aid the family, regardless of whether those services are donated or purchased. It is well to remember that the word "material" has been very widely used in connection with the word "relief." Observers have long been aware that the services rendered by professional workers often constitute the most valuable aid given to a family. They have accordingly considered it important that the word "material" be stressed in order to emphasize the fact that this type of relief does not represent all or even the most important relief that the agency provides. Donated services, therefore, differ from donated goods in that the latter affect the amounts of material relief that must be provided, while the former, if evaluated at all, might be included in receipts and disbursements but would never be included in relief figures.

Many social agencies have been uncertain whether to record as relief money received from so-called "natural sources," that is, from relatives or friends. Some have thought that this money should never be entered as relief, and others have asserted that it should all be included. A few workers have been disposed to regard such funds as earnings or as payment for services rendered by the society. This view, however, seems to be increasingly disapproved. Earnings constitute a type of income that is more characteristic of an institutional than of a non-institutional agency. Conferences on this question have led to the conclusion that a distinction should be drawn between money *received from* natural sources and money *paid by* natural sources. Thus, if a relative sends funds directly to a client, there seems little justification in the agency's including this amount in its relief figures, even though the case worker may wish to enter it in her case records to consider in connection with the family budget. If, however, the money actually passes through the books of the agency, the situation is different. Often, this money would not be paid if the agency did not keep in constant touch with the individual from whom it is received. The service rendered in such instances may properly be regarded as a social service. The salary of the worker who effects the result is expended in securing aid for the client which would not otherwise be forthcoming. Since the present tendency is toward the inclusion in relief figures of money secured in this way from natural sources, agencies that co-oper-

ated in the Registration of Social Statistics were requested to enter such sums as relief if the money actually passed through the bookkeeping system of the organization.

In many cities, newspapers and business men's clubs raise special funds for Christmas baskets or for summer outings. If these funds are expended independently by the organization that raises them, no account is taken of them, particularly since in such instances they may easily be disbursed to the detriment rather than to the advantage of the community. If, however, such funds are expended through a recognized relief agency, it may be assumed that they will be disbursed in such a way as not to conflict with plans of treatment the agency may then have under way. At the beginning of the year, the instructions accompanying the report blank suggested that all special seasonal funds be excluded, but experience proved that this ruling was unwise. Some agencies definitely waited to hear from civic clubs and similar groups before working out their own plans for their families. In other words, some organizations have come to depend rather definitely upon these supplementary funds to fill needs they would otherwise be obliged to meet from their own funds. Therefore, the ruling was altered and agencies were asked to include these special seasonal donations if they were turned over to the agency, passed through the agency's books, and were disbursed in accord with plans of treatment. In modifying this ruling, however, no change was made in the accompanying instruction that money expended by special departments of the agency should not be included as relief. The intent of this instruction was to exclude from the relief statistics the cost of such enterprises as summer camps, outings arranged by day nurseries, and similar undertakings that were managed by departments other than the department of family case work.

Occasionally clients who mistrust their own ability to keep money deposit it with agencies and ask that it be disbursed to them in accord with some agreed plan. In addition, agencies sometimes act in behalf of clients and collect for them money to which they are entitled, such as alimony or insurance. Occasionally such money is collected in advance through arrangements effected by the agency with the responsible authority or corporation. This money, how-

ever, in reality belongs to the client, and agencies were asked to exclude it from their relief report.

Some societies, particularly those that concern themselves with the problems of ex-soldiers, give relief largely in the form of loans. Sometimes a considerable portion of the money is repaid. Ex-soldiers, for example, when their claims against the government are adjusted, often can and do reimburse the organization for all the money it has advanced. The instruction accompanying the monthly report blank asked that no deduction of these repayments be made from the relief figure. This instruction read as follows:

> Relief returned by clients (refunds) should not be deducted in giving the monthly figure. A record of amounts refunded each month should be kept, however, and should be available for an annual statement. Refunds are omitted from the amount of relief reported in the monthly summary because they represent only in part amounts disbursed in the same month and also because the figure for relief expended is desired primarily to show the total amount it has been found necessary or advisable to expend in the treatment of a given number of cases during the month.

Some agencies objected to this ruling. They thought that their success in establishing a wholesome relationship with clients was in some measure reflected by the amounts they secured in refunds. This argument did not seem convincing, owing to the fact that the policies of agencies with regard to loans differ very widely. Some agencies give all relief as loans and make an effort to collect. Others give loans occasionally and may or may not try to collect. Still others limit themselves exclusively to grants but occasionally receive unexpected repayments from those whom they have assisted. From the standpoint of measuring the volume of social work, the interesting figure is the one that indicates how much it has been necessary for the community to advance to assist distressed individuals. Whether this money is returned or not is relatively much less important. Nevertheless, it does constitute an added fact and, if agencies desire to report it, there seemed no objection to including on the report blank an item in which refunds could be recorded. Accordingly, in revising the report form for 1929, a space was provided in which refunds and repayments could be entered.

Here and there an agency may be found whose policy with regard to loans is very exceptional. These agencies make loans of

large amounts to aid their clients in starting business. This is particularly true of organizations interested in the rehabilitation of ex-prisoners. The loans are made on a strictly business basis, though the security given is of a type that would not be accepted by a commercial institution. Hence the transaction contains a discernible element of benevolence. To include the loans of such agencies, which, incidentally, are very few in number, would throw seriously out of line the relief figures of a community and would make comparisons with other communities seem relatively valueless. Accordingly, no effort was made to secure reports on relief expended by organizations that concern themselves with this type of relief, which, for lack of a better name, may perhaps be termed "business advances," and agencies were instructed to deduct the amount of such loans from their report of relief given.

The total amount of relief given by the 29 cities in the registration area is probably between ten and twelve million dollars. Since certain agencies failed to report and others reported incompletely, however, totals can be given for only 20 cities in most of the following tables and charts.

Chart II presents relief expenditures per capita population for 21 cities. For this area as a whole the expenditure for relief during 1928 was $0.85 per capita. In individual cities amounts ranged from $1.49 per capita population in St. Paul to $0.15 in New Orleans. The median for 21 cities was $0.76.

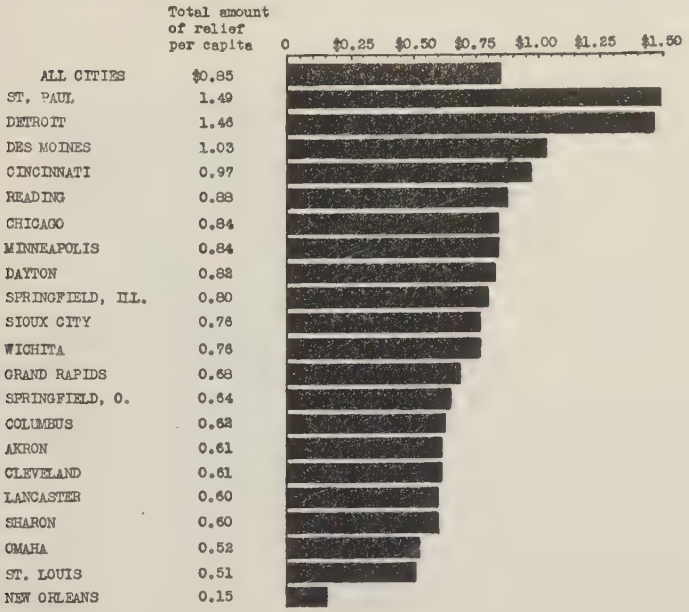
The proportion of public and private expenditure for relief is shown in Chart III. In Detroit 98.2 per cent of all relief came from the public treasury, while in New Orleans all relief came from private funds. In the area as a whole, almost three-quarters of all relief came from tax funds. In only 4 cities—Lancaster, St. Louis, New Orleans, and Springfield, Ohio—did the relief expenditures of the private agencies represent more than half of the total figure for the community.

Chart IV shows the trend of relief from month to month during 1928. The topmost curve shows the trend of relief disbursed by public agencies, including mothers' pension departments. The sums expended by mothers' pension departments are enormous, and since they are subject to relatively little fluctuation their inclusion with

the figures for public outdoor relief tends to flatten this curve appreciably. Accordingly, the second curve omits mothers' pensions and includes only the other public disbursements, such as blind pensions and outdoor relief. The third curve indicates the trend of relief expenditures of all private organizations. All three curves

CHART II

TOTAL AMOUNT OF RELIEF PER CAPITA POPULATION GIVEN BY ALL AGENCIES FOR FAMILY WELFARE AND RELIEF DURING THE YEAR 1928



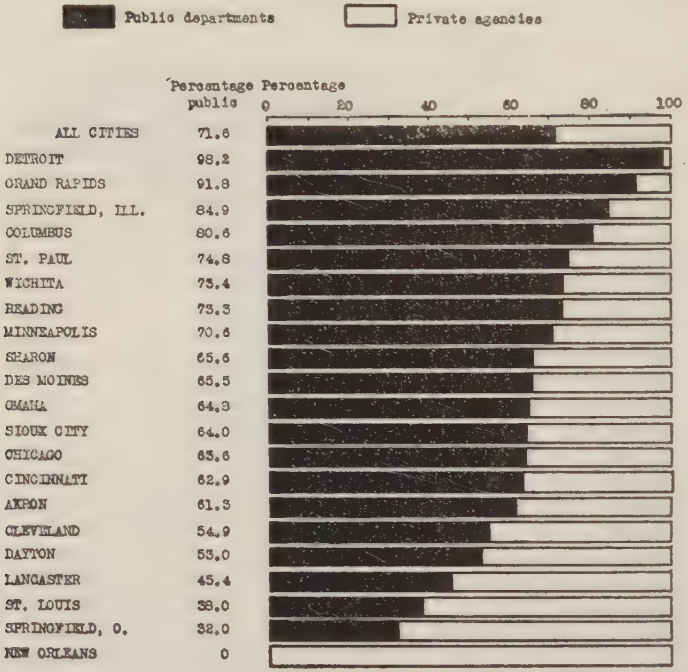
show a characteristic seasonal fluctuation. The level of giving by the private agencies was practically the same at the close of the year as it had been in January. The curve for public departments, however, is lower in December than in the preceding January. The reason for the difference in the two curves is not clear. One possible interpretation is that the private agencies were more sensitive than the public departments to the increased needs induced by winter weather and that a more flexible system of relief-giving made it possible for them to give quicker recognition to these needs.

In the area as a whole 88.7 per cent of all relief was given to cases

that were classified as major care. In specific cities the percentage varied from 66.3 per cent in Sharon to 99.7 per cent in Reading. The total amount given to major care cases in 17 cities was $2,995,-132. Of this amount 52.7 per cent was given by mothers' pension

CHART III

PERCENTAGE OF TOTAL RELIEF GIVEN BY PUBLIC DEPARTMENTS AND BY PRIVATE AGENCIES FOR FAMILY WELFARE AND RELIEF DURING 1928



departments, 10.0 per cent by public departments of outdoor relief, and 37.3 per cent by private agencies. Thus, in the area as a whole more than half of all relief given to major care cases was reported by the mothers' pension departments, while the amounts disbursed for major care cases by the private agencies were nearly four times as great as the amounts reported by the public departments of outdoor relief.

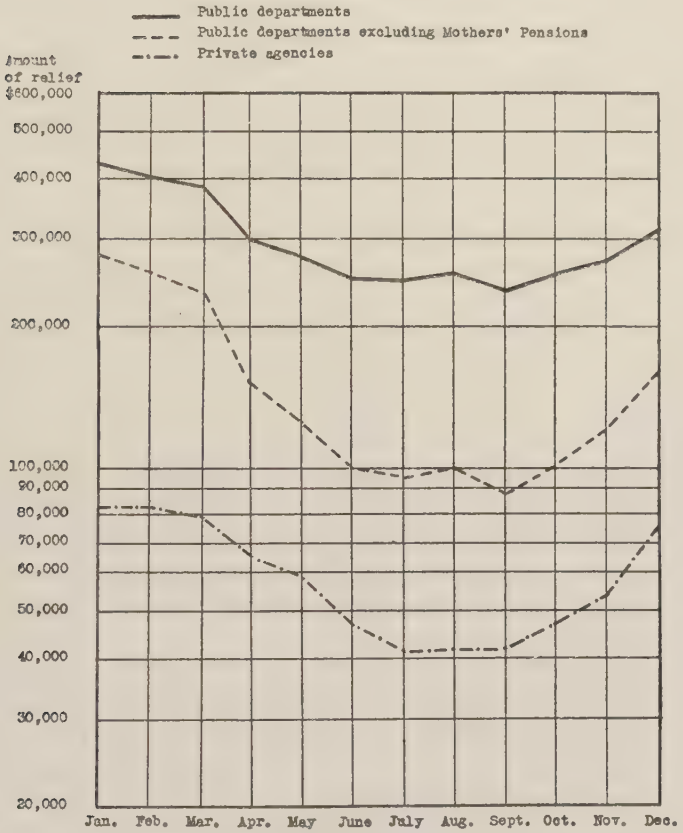
In the minor care category these relations are very different. Here, except in the case of Wichita, none of the relief cases of moth-

ers' pension departments were reported as minor care and the amounts disbursed by public departments for the care of minor care cases were approximately four times as great as the amounts

CHART IV

AMOUNT OF RELIEF GIVEN IN FOURTEEN CITIES DURING EACH MONTH OF THE YEAR 1928

(Semi-logarithmic scale)



spent by the private societies. Table II affords one explanation of the reversal of these ratios. There it will be found that Minneapolis, Sharon, St. Paul, and Omaha reported all relief given by public departments as expenditures for the care of minor care cases. The sum of the amounts spent in these cities for minor care cases is

approximately two-thirds of the total amount of minor care expenditures reported by all of the public departments in the 17 cities that appear in the total. Hence the policy in these 4 cities influences in large measure the results shown for the area as a whole.

TABLE II

PERCENTAGE OF TOTAL RELIEF GIVEN TO MAJOR CARE CASES BY ALL AGENCIES FOR FAMILY WELFARE AND RELIEF DURING 1928

METROPOLITAN AREA	PERCENTAGE OF TOTAL RELIEF GIVEN TO MAJOR CARE CASES DURING 1928		
	All Agencies (1)	Private Agencies (2)	Public Outdoor Relief Departments (3)
Total for 17 cities	88.7	94.3	48.6
Akron	92.6	95.8	83.4
Cincinnati	82.8	89.3	19.4
Cleveland	99.6	99.1	100.0
Columbus	98.0	92.0	97.9
Dayton	97.5	99.0	89.1
Des Moines	99.6	98.8	100.0
Grand Rapids	97.7	73.3	99.4
Lancaster	98.1	96.6	*
Minneapolis	78.0	89.6	†
New Orleans	97.4	97.4	*
Omaha	74.8	83.3	†
Reading	99.7	98.8	100.0
Sharon	66.3	98.0	†
Sioux City	92.9	80.7	98.8
Springfield, Ill.	98.2	99.3	96.7
Springfield, Ohio	86.4	80.0	100.0
St. Paul	67.2	96.4	†

* No public outdoor relief departments.

† All cases classified as minor care.

In this connection the prevailing distinction between major care and minor care cases, however vague that distinction may be, should be borne in mind. The minor care case is presumably one into which social diagnosis and planned treatment do not enter. There is a widespread belief that relief-giving that is unaccompanied by diagnosis and treatment is unwise, though the opposite view, or what might be termed a philosophy of non-interference, is also sometimes advocated. If the figures in Table II reflect actual facts, that is, if large amounts of relief are given by two agencies in neighboring cities, one acting on the policy of non-interference and the other on

the principle of diagnosis, some interesting results for the field of social work might be attained by a thorough study of the processes and, if possible, of the end-results attained in the two groups. It would be essential to such a study, however, that the agency which

TABLE III

AVERAGE AMOUNT OF RELIEF PER MAJOR CARE RELIEF CASE PER MONTH GIVEN BY ALL AGENCIES FOR FAMILY WELFARE AND RELIEF DURING 1928

METROPOLITAN AREA	RELIEF GIVEN BY ALL AGENCIES FOR FAMILY WELFARE AND RELIEF: 1928		
	Average Amount Given to Major Care Cases per Month (1)	Average Number of Major Care Relief Cases per Month (2)	Average Amount per Major Care Relief Case per Month (3)
Total for 17 cities	$238,561	11,288	$21.13
Akron	12,516†	927†	13.50†
Cincinnati	35,007	1,265	27.67
Cleveland	59,572	1,815	32.82
Columbus	17,176	1,213	14.16
Dayton	14,614	856	17.07
Des Moines‡	13,824	§	§
Detroit‡	§	4,458	§
Grand Rapids	9,960	607	16.41
Harrisburg	5,742*	314*	18.29*
Lancaster	2,976	205	14.52
Minneapolis	25,088	796	31.52
New Orleans	5,198	481	10.81
Omaha	7,019	350	20.05
Reading	10,851	424	25.59
Sharon	1,826	121	15.09
Sioux City‡	4,709	§	§
Springfield, Ill.	4,328	232	18.66
Springfield, Ohio	3,364	341	9.87
St. Paul	21,926	1,062	20.65
Wichita	1,398*	279*	5.01*

* Average based on six months only.
† Average based on ten months only.
‡ Not included in total.
§ Not reported.

followed the policy of non-interference did so, not from sheer negligence, but rather in conformity with a definite policy. This is only another way of saying, of course, that unless the levels of energy and intelligence in the policy-controlling groups of the two departments were approximately equal, the findings would have little significance.

Tables III and IV indicate the average monthly amounts given

per relief case to major care and minor care cases, respectively. In the area as a whole the amount given per relief case to major care cases was more than three times as large as the amount given to minor care cases. St. Paul and Springfield, Ohio, with more than $12 expended per minor care relief case, gave approximately twice

TABLE IV

AVERAGE AMOUNT OF RELIEF PER MINOR CARE RELIEF CASE PER MONTH GIVEN BY ALL AGENCIES FOR FAMILY WELFARE AND RELIEF DURING 1928

METROPOLITAN AREA	RELIEF GIVEN IN MINOR CARE CASES BY AGENCIES FOR FAMILY WELFARE AND RELIEF: 1928		
	Average Amount per Month (1)	Average Number of Cases Receiving Relief (2)	Average Amount per Relief Case (3)
Total for 17 cities	$25,494	4,183	$ 6.09
Akron	984	140	7.03
Buffalo	922*	363*	2.54*
Cincinnati‡	7,289	§	§
Cleveland	246	60	4.10
Columbus	342	169	2.02
Dayton	375	45	8.33
Des Moines	60	17	3.53
Detroit‡	§	1,105†	§
Grand Rapids	238	91	2.62
Lancaster	56	22	2.55
Minneapolis	7,094	1,309	5.42
New Orleans	141	57	2.47
Omaha	2,367	441	5.37
Reading	38*	28*	1.36*
Sharon	927	391	2.37
Sioux City	371*	98*	3.79*
Springfield, Ill.	78*	20*	3.90*
Springfield, Ohio	530	44	12.05
St. Paul	10,725	888	12.08
Wichita‡	§	722	§

* Average based on eleven months only.
† Average based on seven months only.
‡ Not included in total.
§ Not reported.

as much per relief case in the minor care group as the average for the area, and more than three times the median, which is $3.79. In the major care group the highest average expenditure was $32.82 per case in Cleveland. The lowest monthly expenditure for major care relief cases was $5.01, reported by Wichita. The median of this group is $17.07.

The amount of relief given is, however, not an adequate measure

of the service rendered in a community. A count of cases may measure much more accurately the volume of social work. This count of cases raises difficult questions. Is there a clear-cut definition of the term "case"? If so, do all agencies interpret the definition uniformly? Are all cases of equal importance? If not, can the various kinds of cases be accurately classified by all agencies? Social workers have already made several attempts to answer these questions. The chief sources of information relative to these attempts may be found in reports[1] made in 1915 and 1918, respectively, by special committees of family case workers under the direction of the national federation[2] of family welfare organizations, and in a body of material developed co-operatively since 1926 by the Department of Statistics of the Russell Sage Foundation and the Committee on Statistical Interpretation of the American Association for Organizing Family Social Work.

The 1915 committee, although it did not clearly define "case," recommended the use of the two units of count, "cases under care" and "cases not under care." The former was not defined except by exclusion and implication. Moreover, the report recommended that cases "open" but not "active" be excluded from the count of cases "under care" during the month. Thus, in a monthly reporting system, the only cases that could be "carried over" were those under "continuous care." To agencies that follow the practice of holding certain cases open for observation for varying periods of time without doing any active work on them, this provision must have necessitated burdensome calculations at the close of each month.

The definition of "not under care" cases suggested by the 1915 Committee was merely a list of five types of services that were to be counted in this group:

(1) investigations made, or other work done, for out-of-town individuals or agencies; (2) investigations made *on behalf of* local individuals or agencies, and nothing else done, other than possibly making recommendations (this does not include those instances of "investigation only" where the family is taken under care, but where it develops after investigation that there is no need to give any

[1] These two reports were published in the *Charity Organization Bulletin*, privately printed for the Russell Sage Foundation.

[2] This federation was at that time called "The American Association of Societies for Organizing Charity."

form of treatment); (3) reports given—copies or summaries from the society's inactive records—but no contact, during the month with the families; (4) interviews held, and nothing else done other than giving of advice, the reference of the families to other agencies, etc.; (5) families not found at addresses given.

It should be further noted that the Committee recommended not a count of families which had received "not under care" services, but a count of *instances* in which these services had been rendered, and cautioned against adding this count to the count of cases "under care" because of the possible duplication within the "not under care" group and because of the transfers from one group to the other.

Since only these five types of service were to be counted as "not under care," and since cases "under care" were limited to those receiving "continuous care," it seems probable that some kinds of service may have fallen in neither category. The Committee evidently recognized this weakness in its first definitions, and in its second report, issued in 1918, it extended the "not under care" list to thirteen types of service, including a miscellaneous group entitled "other." The list as revised in 1918, since it contained such categories as "employment only" and "relief only," obviously contemplated removing from the "under care" group services rendered in response to immediate requests without assumption of responsibility for investigation and planned treatment.

The reports of 1915 and 1918 were purely suggestive. Societies were free to adopt, modify, or reject the recommendations. No attempt was made to collect and circulate monthly statistics based upon the units described. It was therefore inevitable that agencies should feel very little responsibility for keeping their statistics strictly in line with the recommendations. As was subsequently pointed out,[3] any plan for uniform recording of service data, unless it can be followed by the actual collection and analysis of figures, is little likely to attain its objective.

This gap in the procedure by which comparable figures may be attained was fully realized by the Committee on Statistical Interpretation of the American Association for Organizing Family Social

[3] Ralph G. Hurlin, "Some Results of a Two Years' Study of Family Case Work Statistics," *Proceedings of the National Conference of Social Work, Memphis, 1928,* pp. 248–49.

Work, which, in co-operation with the Department of Statistics of the Russell Sage Foundation, developed in 1926 a plan for obtaining comparable figures and put this plan into effect by asking agencies to submit monthly reports based on the units therein recommended.[4] A case was defined as "any family or individual for which the society attempts a service and keeps a separate record." By this time the cases "under care" and "not under care" had been replaced by two categories of somewhat different meaning, "major care case" and "minor care case."

The first definition of "major care case" adopted by the Russell Sage Foundation was as follows: "Major care cases are families or individuals for whom the society has accepted continuing responsibility for treatment." "Minor care," which was defined at the same time, apparently included all cases for which responsibility for complete or continued treatment was not accepted. This latter group was subdivided into five classes exactly corresponding to those specified as "not under care" by the American Association of Societies for Organizing Charity in 1915, and since no provision was made for "others," there was an implication that this list was exhaustive.

These definitions of major and minor care have been modified from time to time. The most important change occurred in 1927, when the process of diagnosis was made an essential element in the definition of major care: "*Active major care cases* are cases for which the organization has accepted responsibility for making a thoroughgoing diagnosis and carrying out a plan of treatment, on which some work has been done within the month for which the figures are compiled."

This development reached its logical conclusion in January, 1928, when the definition was made to include the three elements of "acceptance of responsibility," "social diagnosis," and the "carrying out of a plan of treatment": "A major care case is a case for which the organization, after careful consideration, assumes the responsibility for making a social diagnosis and for carrying out a plan of treatment."

[4] This study was a joint undertaking of the Committee on Statistical Interpretation of the American Association for Organizing Family Social Work and the Department of Statistics of the Russell Sage Foundation, but hereafter, for the sake of brevity, it will be referred to as the study of the Russell Sage Foundation.

The "minor care" classification has likewise undergone a progressive modification. The schedule now in use subdivides minor care as follows:

Minor care cases:

1. Cases interviewed
2. Cases not interviewed:
   a) reports on closed cases;
   b) investigations for out-of-town agencies;
   c) others

The following definition accompanies the schedule:

A minor care case is a case which is interviewed, or given attention indirectly, by a case worker once, or more than once, but for which responsibility for making a complete diagnosis and carrying out a plan of treatment is not accepted. The minor care classification does not necessarily imply that little attention has been given to the case.

The more detailed instructions make it clear that a minor care case should be counted only once in a given month. In this respect the minor care case differs from the "not under care" category which it superseded. The "not under care" classification of the 1915 and 1918 reports sought to secure a count of services rendered during the month rather than a count of cases served.

Another interesting change made in the Russell Sage schedule was the addition of a third classification originally called "information only," and later changed to "no case made." This category was defined as "persons receiving information or direction only—with whom no real case work interview is attempted."

Since a number of the agencies from which the Registration of Social Statistics expected to receive reports were already using the Russell Sage blank, it seemed desirable to adopt the terms "major care case" and "minor care case" with which these agencies were already familiar. Moreover, it seemed logical to adopt the definition of these terms that the Russell Sage Committee had developed.

Further investigation, however, led to the conclusion that the definitions then in use were not wholly satisfactory. The decision as to whether a case fell into the major care or minor care classification could not be determined by concrete, objective tests, but was in the last analysis subject to the varying interpretations of workers with disparate standards of training and of case work excellence.

A similar conclusion was later reached by the Russell Sage Foundation, which decided that the vagueness of the definitions resulted in errors of classification that ranged from 4 per cent to as much as 47 per cent of the total case load.[5] Nevertheless there was evidence that the definitions suggested in the Russell Sage experiment had induced noteworthy progress in the field of family welfare statistics. Whether more objective definitions could be formulated remained open to debate. A special study was instituted, however, to investigate the possibilities.[6]

The special study was preceded by a series of conferences with leaders in the family welfare field. These workers were unanimous in their discontent with current definitions of the basic terms. The only improvements they were able to suggest made the division between major care and minor care depend upon such elements as the length of time the case was under care, the type of record used in treatment, or the proportionate emphasis given to office contacts and field visits, respectively. Classification based on any of these tests, while obviously easy to carry out, held little promise of reflecting distinctions of fundamental importance.

This preliminary study indicated that the problem resolved itself into at least three distinct parts: (*a*) What precise distinction could be drawn between major care and minor care? (*b*) What precise distinction could be drawn between minor care and those multitudinous services which lie below the "case" level? (*c*) Should a minor care case be counted only once in any given month, or should it be counted as "an instance of service" each time reactivated? The opening date of the registration arrived without decision in these matters, and the co-operating agencies were asked to report major care and minor care in accord with their own current policies. Meanwhile it was proposed to discover by questionnaire whether any one policy was sufficiently widespread and sufficiently objective to recommend itself for permanent use.

The questionnaire devised for this purpose listed briefly a series

[5] This information was provided by Helen I. Fisk, of the New York Charity Organization Society, chairman of the committee under which the Russell Sage experiment was conducted.

[6] For a complete report of this study see A. W. McMillen and Helen R. Jeter, "Statistical Terminology in the Family Welfare Field," *Social Service Review*, II, 357–84.

of case work situations most of which appeared to fall in the twilight zone between "not a case" and "minor care" or between "minor care" and "major care." Three columns were provided in which agencies could classify the given situation as "not a case," "major care," or "minor care." Typical situations were repeated two or three times consecutively, one variable element entering each time into the summary.

Ninety-four family welfare agencies in 29 cities checked the questionnaire. Only 118 out of a possible 2,914 explanations or marginal comments were written in opposite the items. This fact, and the small number of "not-reported" items, seemed to indicate that the situations presented, despite their summary form, were sufficiently detailed to enable most agencies to make clear-cut decisions.

The results of the tabulation of these questionnaires revealed a complete absence of uniformity among agencies in their classification of major care and minor care cases.[7] Neither the time element nor the type of record used nor the proportion of office contacts to field visits determined the classification of a case. On the other hand, the giving of relief and the planning of social treatment were factors that evidently influenced classification in a considerable number of agencies.

Moreover, the data afforded no evidence of uniform policy by which minor care cases could be differentiated from the miscellaneous services not counted as cases. The responses showed unmistakably that a contact which might be counted as a minor care case in one agency would in another be excluded from the service count.

Since the evidence obtained from the tabulation of the replies of all of the 94 agencies did not justify the formulation of definitions, it appeared probable that the wide divergence in the methods of classification must reflect similar disparities in the standards and practices of the agencies. Accordingly, from the 94 questionnaires, 25 were selected that had been checked by agencies reputed to have high standards of work.

The tabulation of the returns of these 25 agencies revealed a lack of uniformity of practice very little less marked than that found in

[7] These tables may be found in the *Social Service Review*, II, 369–73.

the entire group. While "planned treatment" and "social diagnosis" were factors that seemed quite generally to determine the classification of a major care case, neither of these factors connoted the same processes in all societies.

In a further attempt to determine whether greater uniformity of classification existed among certain of the co-operating agencies, a final tabulation was made of the returns submitted by 10 agencies that for two years had been reporting their statistics each month to the Russell Sage Foundation. These agencies had had a good opportunity to draw closer together in their interpretation of terms. Except in a few particulars, however, they apparently had not done so. This fact, perhaps more than any other, made further attempts to draw distinctions between major care cases and minor care cases on the basis of existing definitions seem of questionable value.

Perhaps the most significant finding of the study was that agencies did classify with reasonable uniformity when the cases resembled a type of situation definitely known to belong either in the one group or the other. Thus the 1915 and 1918 reports had cited definite lists of services that should always be counted as "not under care." Services so listed were classified on the questionnaires in a uniform manner by agencies whose practices may be assumed to have been influenced by the two national reports. This circumstance suggested that the solution of the problem of units for service measurement might consist in developing classificatory charts.

Such charts would have to be sufficiently comprehensive to include most of the problem situations that might be expected to arise. Moreover, they would have to be framed in convenient fashion so that the case worker, by quick reference, could locate and classify a process before entering it on the statistical sheet.

If such a plan should be worked out, social workers would not be the first professional group to adopt it. For many years the medical profession has recognized the need for comprehensive lists of diseases in which the diagnosis needs only to be located to be classified. These lists have been highly useful, not only in reporting causes of death to the Bureau of Vital Statistics, but also for the purposes of internal administration of hospitals.

It has been said that the development of classificatory charts was

simple in the medical field because a vocabulary of diagnostic terms was already at hand. No such vocabulary exists, of course, in the field of social work. In the final analysis, however, a diagnostic term is merely the substitution of one word for many. The term "tuberculosis" is convenient, but it is not more explicit than a detailed description of the disease would be. Social work is now struggling to develop a scientific vocabulary, but for the present must be content with the more cumbersome method of description. There is no good reason to believe that useful charts could not be devised long before the ultimate vocabulary emerges.

Since the special study of terminology had revealed no basis upon which objective definitions could be formulated, the only course open was to accept the definitions already current. These were known to be untrustworthy so far as debatable situations are concerned, but, on the other hand, they did appear to lend some measure of uniformity in the broader and more obvious case work situations. Accordingly, the following definitions were adopted and were used throughout the latter half of the year:

1. A case is any family or individual for whom the agency attempts a service and keeps a separate record.
2. A major care case is one in which the agency, after investigation, makes a social diagnosis and institutes a plan of treatment.
3. A minor care case is one in which the agency does not accept complete responsibility for social diagnosis and social treatment.
4. A "no case count" is an instance of advice, information, or other service of which no individualized record is kept.

While these definitions were admittedly unsatisfactory, the experience gained during the year justified the belief that figures based upon them would be more nearly comparable than figures that were entirely uninfluenced by definitions. The report blank did not call for a count of the services called "no case count." Nevertheless, it seemed well to define the term for the benefit of societies that wished to keep a record of this type of activity. Moreover, it seemed probable that this category would be added to the report blank in 1929—a surmise that proved correct.

It is difficult to say just how extensively the comparability of the 1928 figures was impaired by the vagueness of the definitions. In making the annual tabulations it seemed wise in certain tables to

add together the major care cases open during the month and the minor care cases worked on during the month. This procedure, it was hoped, would, by fusing the numbers of both groups in one figure, eliminate discrepancies caused by variations in methods of classifying the two types of cases. The objection may be raised, however, that the minor care category itself is to a large degree invaded by service counts that should not be included as cases at all. Therefore, the device of combining the major care and minor care figures, in order to have a comparable total, is valid only to the extent that the minor care category itself is comparable from agency to agency. Since no comparisons of case records and statistical reports were made in specific agencies, criteria are not at hand by which comparability in this field may be appraised. The most that can be said is that the figures are probably as reliable as any statistics of family welfare are likely to be so long as the present uncertainty with regard to definitions continues.

The special study of terminology had pointed to the need of further consideration of the problem and of more widespread agreement concerning terms. It was decided that the publication of a manual on records and statistics might be one means to achieve greater uniformity. Such a manual, of course, could be published only as a result of prolonged and intensive study. Moreover, it would be representative only in case it included the thinking of the recognized leaders in the family case work field. Earlier experience had proved that publication of a manual would not of itself bring about statistical uniformity. The manual could never be more than a useful guide. Reliance, in the last analysis, could only be placed upon the progressive improvements achieved through the actual collecting of data.

The problem did not seem to differ greatly from that which confronted cost accountants two decades ago. In that field it proved true that reducing to writing both the principles and the detailed steps of procedure in cost-accounting created a standard to which the field itself gradually conformed through recognition of its positive merits. It was clear that a similar plan was needed in the field of family welfare.

Accordingly, the Joint Committee on Registration of Social Sta-

tistics invited the American Association for Organizing Family Social Work to participate in a joint study that would result, it was hoped, in the eventual publication of an authoritative manual on records and statistics. This invitation was accepted and an organization meeting of the committee to prepare this manual was held in the last month of 1928.[8]

No prediction can be made at this time as to when the proposed manual will be published. While it is premature to make predictions,[9] the present state of the study seems to indicate that the terms "major care case" and "minor care case" will be abandoned and that the field will be encouraged to return to the division "cases under care" and "cases not under care" that was originally suggested by the 1915 Committee. Under this plan an effort would be made to provide an exhaustive list of the services that should be classified as cases "not under care." Thus, by exclusion, cases under care would be defined. The net result of this change would be to include in the classification "cases under care" all of the work that is now recorded as "major care" and a considerable proportion of what is at present called "minor care." Thus, the category "cases under care" would be a much broader one than the present major care classification and the resulting statistics, while representing a less homogeneous class, should nevertheless have the merit of comparability from agency to agency. This proposal is, of course, still under consideration and the Committee on Publication of a Handbook may eventually modify it or discard it in favor of a more promising one. It does not seem likely, however, that the suggestion relative to a classificatory chart by which various types of cases could be differentiated, will be adopted at present.

The 1928 report blank, in the interest of determining the number

[8] The members of this Committee are Helen I. Fisk, New York Charity Organization Society, chairman; Linton B. Swift, executive secretary, American Association for Organizing Family Social Work; Eleanor Blackman, associate director, Jewish Social Service Association of New York; Ralph G. Hurlin, director of the Department of Statistics, Russell Sage Foundation; Raymond Clapp, director, Cleveland Welfare Federation; Harry L. Lurie, superintendent, Jewish Social Service Bureau of Chicago.

[9] After this was written the Committee decided to adopt the classifications "cases under care" and "incidental service cases." The report blanks for the registration of social statistics for 1930 follow this suggestion of the Committee.

of different cases served during the year, asked for the number of cases carried over from month to month and also provided a subdivision of intake to show whether reopened cases had been last closed in a previous calendar year or in a previous month of the current year. It was interesting to find that a considerable number of agencies were unable to make this distinction. Without it, of course, the statistics can show the average number of cases per month or the

TABLE V

SUMMARY OF MAJOR CARE AND MINOR CARE CASES UNDER THE CARE OF ALL AGENCIES FOR FAMILY WELFARE AND RELIEF DURING 1928 IN CLEVELAND AND LANCASTER

SUMMARY OF CASES	NUMBER OF CASES UNDER CARE OF ALL AGENCIES	
	Cleveland	Lancaster
Total number of different major care and minor care cases served during the year	19,940	2,012
Major care cases:		
Under care on January 1	4,746	444
Intake during the year	4,161	639
New	2,466	359
Last closed prior to January 1	1,288	255
Last closed since January 1	407	25
Different cases under care during the year*	8,500	1,058
Closed during the year	4,887	399
Under care on December 31	4,020	684
Minor care cases served during the year	11,440	954

* This includes all cases under care on Januray 1, new cases, and cases last closed prior to January 1.

average number on a given day of the month, but they cannot indicate the total number of different cases served during the year. The additional machinery needed for supplying this information is slight, and it would seem to be an advantage to all agencies to have an unduplicated case count for the year. One of the tasks of the Joint Committee on Publication of a Handbook will be to set forth the method by which this information can be given. Since this was not accomplished during 1928, the total number of cases served during the year is given in Table V only for Cleveland and Lancaster, as an illustration of the comparisons that could be made from city to city if all agencies adopted a plan for distinguishing between the two types of reopened cases.

If major care cases alone are considered, the unduplicated total number served during the year can be given for one additional city, Sioux City. For private agencies alone the number of different major care cases was given by Detroit, Indianapolis, and Newark

TABLE VI

AVERAGE NUMBER OF MAJOR CARE CASES UNDER THE CARE OF AGENCIES FOR FAMILY WELFARE AND RELIEF ON THE FIRST OF THE MONTH DURING 1928 AND NUMBER PER THOUSAND POPULATION FOR ALL AGENCIES

METROPOLITAN AREA	AVERAGE NUMBER OF MAJOR CARE CASES UNDER CARE ON FIRST OF MONTH: 1928			
	Number			Number per Thousand Population for All Agencies (4)
	By Private Agencies (1)	By Public Outdoor Relief Departments (2)	By Mother's Pensions Departments (3)	
Total	21,299	6,659	5,222	4.8
Buffalo	1,240	1,428	468	4.3
Cincinnati*	2,867	283	408	6.8
Cleveland	3,474	278	620	3.7
Columbus	1,105	706	311	6.2
Dayton	2,203	244	262	12.4
Des Moines	686	289	232	7.5
Detroit†	1,597	2,517	1,374	3.4
Grand Rapids	303	659	159	6.2
Lancaster	461	‡	32	8.1
Minneapolis	1,277	§	372	3.6
New Orleans	962	‡	‡	2.2
Omaha	1,056	§	160	5.7
Reading	411	52	161	4.2
Sharon	220	§	27	4.5
Sioux City	282	44	154	6.0
Springfield, Ill.	80	113	54	3.7
Springfield, Ohio	541	46	55	8.8
St. Paul	1,576	§	373	7.4
Wichita	958	§	§	10.6

* Average based on eight months only.
† Average based on seven months only.
‡ No department.
§ All cases are minor care.

and for public outdoor relief departments the figures were available for Akron, Denver, Des Moines, Richmond, and Springfield, Ohio. Seventeen mothers' pension departments also were able to report the number of different cases.

Since the total number of different cases served during the year appeared to be particularly difficult to complete, comparisons have been made in the average number of cases carried over on the first

of the month and in the average number of active cases per month. As comparative measures, these monthly averages are less satisfactory than total figures for the year since they may be affected by different policies with regard to long or short time treatment, the carrying of inactive cases in the open file, and the interpretation of the major care and minor care classifications.

TABLE VII

PERCENTAGE OF OPEN MAJOR CARE CASES WORKED ON DURING THE MONTH BY AGENCIES FOR FAMILY WELFARE AND RELIEF: 1928

METROPOLITAN AREA	PERCENTAGE OF OPEN MAJOR CARE CASES WORKED ON DURING THE MONTH			
	By All Agencies (1)	By Private Agencies (2)	By Public Outdoor Relief Departments (3)	By Mothers' Pensions Departments (4)
Cleveland	82.0	81.0	100.0	79.8
Columbus	68.0	56.7	73.3	100.0
Dayton	39.9	28.9	100.0	82.2
Des Moines	87.5	81.1	96.7	100.0
Grand Rapids	92.9	74.9	100.0	98.8
Lancaster	78.5	77.1	*	100.0
Minneapolis	77.5	71.4	†	100.0
New Orleans	79.9	78.9	*	*
Omaha	50.6	48.1	†	68.5
Reading	80.3	69.5	100.0	100.0
Sharon	85.4	83.7	†	100.0
Springfield, Ill.	99.0	97.6	99.9	100.0
Springfield, Ohio	70.5	65.7	98.7	100.0
St. Paul	75.6	70.1	†	100.0
Wichita	48.5	48.5	†	†

*No department.
† All cases are minor care cases.

In Table VI is shown the average number of major care cases carried over on the first of the month. This figure cannot be given for minor care cases since the only report requested with regard to minor care cases was the total number worked on during the month.

This table indicates that in relation to population, Dayton, with 12.4 cases per thousand population, heads the list in number of major cases under care at any one time, Wichita stands second with 10.6, and New Orleans, with 2.2 per thousand population, is at the other end of the list. For the population of the 19 cities included in the total, the average number of cases under care, however, was only 4.8 per thousand, and the median for the 19 cities was only 6.0.

The numbers of cases carried in Dayton and Wichita appear, therefore, to be unusually high. Since these figures include only major care cases, however, the relative size of the case load from city to city may be affected by different policies with regard to classification. Moreover, the figures may be affected by varying proportions of inactive cases.

Table VII indicates that Dayton is low in the percentage of its open cases that are active during the month and that in Wichita only 48.5 per cent of the open major care cases are active. In these 2 cities the percentages are the lowest reported by the 15 cities. New Orleans and Minneapolis, which had case loads among the smallest reported in Table VI, report more than three-fourths of their cases as active. Hence it appears that the average number of cases open on any one day is not wholly satisfactory as a comparative measure of case load.

Table VIII strengthens the foregoing conclusion. A comparison of intake with the number of cases under care on the first of the month indicates that variations in rate of turnover may have an important bearing on size of case load. For the 17 cities included in Table VIII, the average intake per month was 11.6 per cent of the average number carried over on the first of the month. The higher the number in column 3 of the table, the more rapid was the turnover of major care cases. Percentages of intake for the several cities varied from 5.9 in St. Paul and 6.6 in Dayton to 23.2 in Springfield, Illinois. The tendency in Dayton to carry cases for a considerable period of time may be in part responsible for the relatively large number of cases shown in Table VI. These percentages, of course, refer to major care cases only. Intake and carry-over were not reported in the minor care category. It would be quite possible for an agency to show a small turnover in the major care classifications and yet have a rapid turnover of minor care cases.

Because of the variations that may be introduced into the preceding tables by differences in the policies of agencies, it appears that the average number of cases worked on per month is a more reliable measure of case load. This measure is used as a basis for comparison in Table IX. The average number of cases served per month in the area was 5.5 per thousand population. The median for the 16

cities falls between 6.4 and 6.7. In specific cities the number varied from 2.6 per thousand population in New Orleans to 12.6 in Sharon. Dayton, which appeared in Table VI to have a relatively large case load, appears in this table to have a case load that is near the average.

TABLE VIII

AVERAGE MONTHLY INTAKE OF MAJOR CARE CASES COMPARED WITH AVERAGE NUMBER CARRIED FORWARD ON THE FIRST OF THE MONTH BY ALL AGENCIES FOR FAMILY WELFARE AND RELIEF: 1928

METROPOLITAN AREA	MAJOR CARE CASES OF ALL AGENCIES FOR FAMILY WELFARE AND RELIEF: 1928		
	Average Monthly Intake during 1928 (1)	Average Number of Cases Carried Forward on First of the Month (2)	Intake as a Percentage of Cases Carried Forward (3)
Total for 17 cities	2,785	24,057	11.6
Buffalo	445	3,133	14.2
Cleveland	347	4,311	8.0
Columbus	377	2,105	17.9
Dayton	180	2,735	6.6
Des Moines	224	1,218	18.4
Grand Rapids	136	1,102	12.3
Lancaster	53	513	10.3
Minneapolis	152	1,639	9.3
New Orleans	135	986	13.7
Omaha	165	1,179	14.0
Reading	78	632	12.3
Sharon	25	242	10.3
Sioux City	70	478	14.6
Springfield, Ill.	58	250	23.2
Springfield, Ohio	78	645	12.1
St. Paul	115	1,935	5.9
Wichita	147	954	15.4

As Chart V indicates, 48.0 per cent of the cases were served by public departments and 52.0 per cent by private agencies. Although public departments gave nearly three-fourths of all relief, they served slightly less than half of the total number of cases. Mothers' pension departments expended 40.3 per cent of all relief but served only 14.1 per cent of the cases. The range in types of maladjustment accepted for treatment by public and private agencies respectively may explain these wide variations. The public agencies are apparently not equipped or else are less willing to extend their service to those outside the circle of the economically inadequate.

A comparison of Chart V with Table X indicates that the relatively equal distribution of cases between public and private agencies does not hold when minor care cases alone are considered. In the 14 cities included in the totals of Table X, 57.6 per cent of

TABLE IX

AVERAGE NUMBER OF CASES SERVED PER MONTH BY ALL AGENCIES FOR FAMILY WELFARE AND RELIEF DURING THE YEAR 1928 AND NUMBER PER THOUSAND POPULATION

METROPOLITAN AREA	AVERAGE NUMBER OF CASES SERVED§ PER MONTH BY ALL AGENCIES FOR FAMILY WELFARE AND RELIEF: 1928			
	Number			Number per Thousand Population by All Agencies (4)
	By Private Agencies (1)	By Public Outdoor Relief Departments (2)	By Mother's Pensions Departments (3)	
Total	16,428	10,700	4,456	5.5
Akron*	639	819	355	7.0
Cleveland	4,016	281	525	4.1
Columbus	1,086	641	318	6.0
Dayton	797	298	222	6.0
Des Moines	833	289	240	8.4
Detroit†	1,471	4,853	1,421	4.8
Grand Rapids	378	772	165	7.3
Lancaster	472	0	36	8.3
Minneapolis	1,742	970	384	6.7
New Orleans	1,111	0	0	2.6
Omaha	877	374	115	6.4
Reading	549	84	165	5.4
Sharon	279	384	27	12.6
Springfield, Ill.‡	200	142	55	6.0
Springfield, Ohio	492	56	46	8.1
St. Paul	1,486	737	382	9.9

* Average based on ten months only.
† Average based on seven months only.
‡ Average based on eleven months only.
§ Includes major care cases worked on and all minor care cases reported.

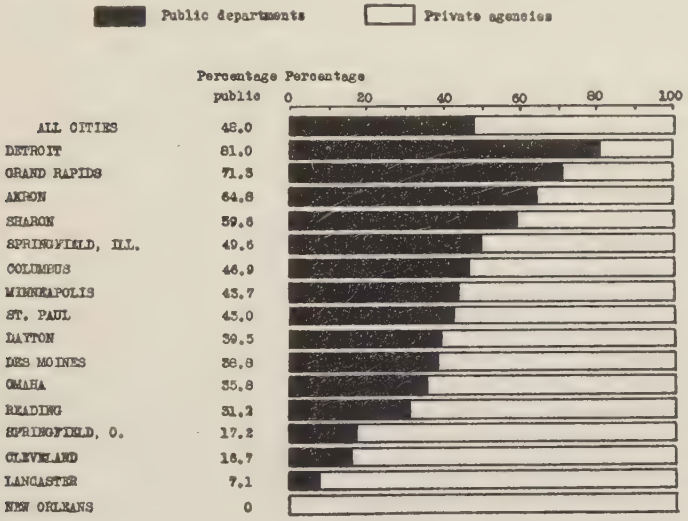
the minor care cases were served by private and 42.3 per cent by public agencies. In nearly every city mothers' pension cases were classified as major care. The percentage of minor care cases served by private agencies varied from 16.3 per cent in Sharon to 100.0 per cent in Cleveland, Des Moines, Reading, and Springfield, Ohio. Since there is no public agency in the field in New Orleans, all minor care cases were in the hands of private societies. The low figure in

Sharon is accounted for by the fact that the public department of outdoor relief does not attempt a case work service. Most of its cases are relief cases, and since little is done in these cases except to grant relief, the department reported all cases as minor care. A question arises in the cities where all minor care cases were reported

CHART V

PERCENTAGE OF CASES SERVED BY PUBLIC DEPARTMENTS AND BY PRIVATE AGENCIES FOR FAMILY WELFARE AND RELIEF DURING 1928

(Based on average number of major and minor cases worked on per month)



by the private agencies as to whether this fact is due to a misinterpretation of the concept "minor care" on the part of the public departments. While this may in part be true, it also seems likely that in many cities the public departments actually do not render the types of service that make up the bulk of the minor care count. In the main, private agencies accept responsibility for making investigations for out-of-town agencies, for forwarding reports, and for discharging many of the similar obligations that were listed by the 1918 committee of the American Association for Organizing Family Social Work as typical minor care situations. Most of these tasks are important functions, and while the private agencies may in some

cities handle these matters as a result of a general agreement in the family welfare field, there are undoubtedly communities where no such agreement has been reached and where the private agencies accept responsibilitiy for such work because the public departments are either unequipped or unwilling to undertake it.

TABLE X

MINOR CARE CASES SERVED BY AGENCIES‡ FOR FAMILY WELFARE AND RELIEF DURING 1928

METROPOLITAN AREA	MINOR CARE CASES SERVED	
	By Private Agencies (1)	By Public Outdoor Relief Departments (2)
Number	45,341	33,257
Percentage distribution	57.6	42.3
Akron	1,134	2,690
Cleveland	11,440	0*
Columbus	4,107	48
Dayton	1,354	614
Des Moines	1,327	0*
Grand Rapids	1,407	332
Lancaster	917	0†
Minneapolis	8,755	11,640
New Orleans	2,944	0†
Omaha	3,526	4,485
Reading	2,806	0*
Sharon	894	4,604
Springfield, Ohio	1,047	0*
St. Paul	3,683	8,844

* All cases are classified as major care.

† No department.

‡ Mothers' pensions departments reported 0.1 per cent of the total minor care cases served. The only minor care cases reported by mothers' pensions departments were: Columbus, 5; Grand Rapids, 28; and Lancaster, 37.

Table XI shows that of the 31, 584 cases served per month in the segment of the area that reported these facts completely, 69.8 per cent were major care cases and 30.2 per cent were minor care cases. The percentage of major care cases varied from 33.6 per cent in Sharon to 91.9 per cent in Des Moines. Here, again, it is difficult to assess the extent to which these variations are due only to differences in interpretation of the major and minor care concepts.

The monthly report blank called for a division of total cases

worked on each month into those receiving relief and those receiving service only. Table XII shows the percentage of major care cases that received service only, and Table XIII gives this figure for the minor care cases. The proportion of major care cases receiving

TABLE XI

AVERAGE NUMBER OF MAJOR CARE AND MINOR CARE CASES SERVED PER MONTH BY ALL AGENCIES FOR FAMILY WELFARE AND RELIEF DURING 1928

METROPOLITAN AREA	CASES SERVED PER MONTH BY ALL AGENCIES FOR FAMILY WELFARE AND RELIEF DURING 1928			
	Average Number			Percentage of Major Care Cases in Average Case Load
	Total (1)	Major Care§ (2)	Minor Care (3)	(4)
Total for 16 cities	31,584	22,046	9,538	69.8
Akron‡	1,813	1,499	314	82.7
Cleveland	4,822	3,869	953	80.2
Columbus	2,045	1,698	347	83.0
Dayton	1,317	1,153	164	87.5
Des Moines	1,362	1,252	110	91.9
Detroit*	7,745	4,850	2,895	62.6
Grand Rapids	1,315	1,168	147	88.8
Lancaster	508	429	79	84.4
Minneapolis	3,096	1,396	1,700	45.1
New Orleans	1,111	866	245	77.9
Omaha	1,366	698	668	51.1
Reading	798	564	234	70.7
Sharon	690	232	458	33.6
Springfield, Ill.†	397	304	93	76.6
Springfield, Ohio	594	507	87	85.4
St. Paul	2,605	1,561	1,044	59.9

* Average based on seven months only.
† Average based on eleven months only.
‡ Average based on ten months only.
§ Includes number of cases worked on during month.

service without relief ranges from 23.3 per cent in Springfield, Illinois, to 57.9 per cent in Cincinnati. A comparison of columns 2 and 3 of Table XII indicates that the proportion of cases receiving service without relief is usually much higher in the private agencies than in the public departments. Mothers' pension departments typically handle few if any cases that receive service only.

In Table XIII the range in percentage of minor care cases receiving service without relief is, among the private agencies, from

30.5 per cent in Buffalo to 97.1 in Springfield, Illinois. Among public agencies the range is from zero in Harrisburg, Minneapolis, Omaha, Sharon, Springfield, Illinois, St. Paul, and Wichita to 100 per cent in Sioux City. Chicago, Dayton, Lancaster, Omaha, and St. Louis are the only cities in which mothers' pension departments

TABLE XII

PERCENTAGE OF MAJOR CARE CASES RECEIVING SERVICE ONLY FROM AGENCIES FOR FAMILY WELFARE AND RELIEF: 1928

METROPOLITAN AREA	PERCENTAGE OF MAJOR CARE CASES RECEIVING SERVICE ONLY		
	All Agencies (1)	Private Agencies (2)	Public Outdoor Relief Departments‡ (3)
Akron	38.2	47.9	53.4
Cincinnati	57.9	66.3	75.2
Cleveland	53.1	67.0	0
Columbus	28.6	55.4	11.5
Dayton	25.8	41.5	0
Des Moines	§	39.7	0
Detroit	28.1	72.9	31.6
Grand Rapids	48.0	68.5	51.3
Harrisburg	40.6	61.5	0
Lancaster	52.3	56.6	0*
Minneapolis	43.0	59.3	0†
New Orleans	44.4	44.4	0*
Omaha	50.0	53.0	0†
Reading	24.8	44.3	0
Sharon	47.8	54.1	0†
Springfield, Ill.	23.3	57.0	0
Springfield, Ohio	32.7	41.0	0
St. Paul	32.0	42.4	0†
Wichita	34.9	34.9	0†

* No department.

† All cases are classified as minor care.

‡ Mothers' pensions departments that reported cases receiving service only were: Dayton, 6.2; Lancaster, 0.3; Omaha, 34.7.

§ Not reported.

reported cases receiving service only. In all other cities this distinction either was not made or else all cases were recorded as receiving relief. It would seem that the investigation process that follows an application for a pension would involve rendering services to families to whom grants are refused, if only in the way of suggesting to them the names of other agencies that might assist them. It is probable that this type of case is represented by the "service only" cases reported by the five cities listed above and it is difficult to understand why other cities did not have similar services to report.

The situation with regard to cases that receive service only may be stated in somewhat different terms, and perhaps more clearly, as

TABLE XIII

PERCENTAGE OF MINOR CARE CASES RECEIVING SERVICE ONLY FROM AGENCIES FOR FAMILY WELFARE AND RELIEF: 1928

METROPOLITAN AREA	PERCENTAGE OF MINOR CARE CASES RECEIVING SERVICE ONLY	
	Private Agencies (1)	Public Outdoor Relief Departments (2)
Akron	46.0	60.4
Buffalo	30.5§	97.2¶
Chicago	††	33.7
Cleveland	93.8	*
Columbus	51.8	†
Dayton	87.5	40.2
Des Moines	84.5	*
Detroit	74.3	57.0||
Grand Rapids	32.3	57.5
Harrisburg	95.3§	*
Lancaster	71.4	‡
Minneapolis	53.5	0
New Orleans	76.8	‡
Omaha	77.0	0
Reading	88.3§	*
Richmond	43.3||	1.8
Sharon	90.5	0
Sioux City	58.6§	100.0**
Springfield, Ill.	97.1	0§
Springfield, Ohio	49.8	*
St. Paul	50.7	0
Wichita	62.9§	0

* All cases are classified as major care.

† Total number of cases less than 100.

‡ No department.

§ Based on eleven months only.

|| Based on seven months only.

¶ Based on nine months only.

** Based on two months only. In nine other months no cases were classified as minor care.

†† Not reported.

follows: In 10 out of 19 cities, all major care cases that received service only were private agency cases. The conspicuous exceptions were Grand Rapids and Detroit, where 68.1 and 63.5 per cent, respectively, of all major care cases that received service only were cases handled by the public departments of outdoor relief. In the

minor care category the situation is analogous. In 11 out of 20 cities all minor care cases that received service only were private agency cases. Here again Detroit was an exception, with 67.4 per cent of these cases reported by the public department of outdoor relief. Grand Rapids, however, with 28.4 per cent reported by the public agency, was exceeded in this respect by Akron and Buffalo, with

TABLE XIV

MAJOR CARE AND MINOR CARE CASES SERVED* BY AGENCIES FOR FAMILY WELFARE AND RELIEF DURING EACH MONTH OF THE YEAR: 1928

MONTH	CASES SERVED BY AGENCIES FOR FAMILY WELFARE AND RELIEF: 1928				
	Major Care Cases†			Minor Care Cases ‡	
	Private Agencies (1)	Public Outdoor Relief Departments (2)	Mothers' Pensions Departments (3)	Private Agencies (4)	Public Outdoor Relief Departments (5)
January	16,080	3,697	3,015	4,551	3,091
February	16,550	4,042	3,131	4,335	3,593
March	16,133	4,263	3,195	3,835	3,558
April	14,753	3,514	3,063	3,313	3,197
May	13,939	2,328	3,290	3,235	2,677
June	12,233	2,379	3,112	2,879	2,527
July	11,128	2,130	3,140	2,519	2,218
August	10,518	2,150	3,086	3,328	2,318
September	10,379	2,086	3,105	2,813	2,276
October	11,153	2,149	2,754	3,549	2,429
November	12,392	2,329	3,310	4,765	2,585
December	14,625	2,571	3,098	6,219	2,788

* Cases "served" are cases "active" or "worked on" during the month.

† Includes sixteen cities.

‡ Includes fourteen cities. Minor care cases are not shown for mothers' pension departments because the total number reported was negligible.

75.7 and 51.2 per cent, respectively, reported by the public departments.

In the present state of family welfare statistics monthly trends can perhaps best be shown by amounts disbursed for relief.[10] As the statistics in this field increase in accuracy, the monthly figures for case load should provide a further important measure of fluctuations. Table XIV gives total monthly load of major care and minor care cases for private agencies, for public departments of outdoor relief, and for mothers' pension bureaus.

[10] See the discussion of Chart IV, p. 36.

The peak in major care cases in an area of 16 cities occurred in February in the private agencies. In the public agencies the peak was reported in March. Although there was a marked decrease in the number of cases during the summer, this decrease was much more apparent in the public departments than in the private agencies. In this respect the curves correspond with those based upon monthly expenditures for relief. Moreover, the case load, like the amount of relief, increased more rapidly toward the close of the year in the private than in the public agencies. In specific cities, of course, there were departures from this general trend. The private agencies in Newark, for example, reported a larger number of cases in December than in the preceding January, and in June a relatively high point rather than the beginning of a summer depression.

The fluctuations in case loads of mothers' pension departments are not marked and cannot be attributed to seasonal needs. The number of cases these departments can accept is definitely limited by the funds appropriated. They can receive and investigate applications, of course, holding them afterward in suspense until funds for payment of the awards become available. This policy might make possible some seasonal variations, but it seems more probable that the slight up and down movements of the curve are due mainly to chance.

The peak in minor care cases occurred in December. The private agencies are chiefly responsible for this peak, since the curve for minor care cases in the public departments reached its high point in February. The number of minor care cases served by the private agencies in December was 37 per cent greater than the number served in January.

The tables thus far discussed relate to the work of public departments and of private societies that carry out a generalized family welfare program except in so far as that program may, in some agencies, be restricted to certain racial or religious groups. It now remains to consider the agencies that disregard racial and religious lines, but that do restrict their programs in the sense that they accept for care only soldiers, sailors, war veterans, and their families. For the sake of convenience these agencies will be referred to hereafter as "ex-soldier agencies," since, in the main, their service is

extended to war veterans rather than to men in the peace-time forces.

In the 24 cities included in the totals of Table XV, the amount of relief given to ex-soldiers and their families was $531,086, of

TABLE XV

RELIEF GIVEN DURING 1928 BY PUBLIC AND PRIVATE AGENCIES FOR THE AID OF SERVICE AND EX-SERVICE MEN AND THEIR FAMILIES, AND AMOUNT PER THOUSAND POPULATION

METROPOLITAN AREA	RELIEF GIVEN BY AGENCIES FOR THE AID OF SERVICES AND EX-SERVICE MEN AND THEIR FAMILIES: 1928			
	AMOUNT			AMOUNT PER THOUSAND POPULATION (4)
	Total (1)	By Private Agencies (2)	By Public Relief Departments (3)	
Total	$531,086	$104,250	$426,836	$ 44.67
Akron	1,661	1,661	0	6.39
Buffalo	155,367	2,269	153,098	213.71
Canton	4,773	752	4,021	39.78
Chicago	67,860	20,202	47,658	21.69
Cincinnati	36,401	516	35,885	69.60
Cleveland	128,028	15,728	112,300	109.05
Columbus	22,697	5,223	17,474	66.95
Dayton	17,211	2,136	15,075	78.59
Denver	14,018	14,018	0	47.68
Detroit	13,038	13,038	0	8.01
Grand Rapids	3,004	3,004	0	16.69
Harrisburg	703	703	0	6.89
Indianapolis	795	795	0	2.06
Lancaster	323	323	0	5.30
Minneapolis	4,757	4,757	0	10.36
New Orleans	5,635	5,635	0	13.14
Omaha	25,991	0	25,991	120.89
Reading	14,293	1,318	12,975	96.57
Richmond	739	739	0	3.02
Sharon	6,477	6,477	0	117.76
Springfield, Ill.	143	143	0	2.17
Springfield, Ohio	2,898	539	2,359	39.70
St. Louis	1,650	1,650	0	1.71
Wichita	2,624	2,624	0	29.16

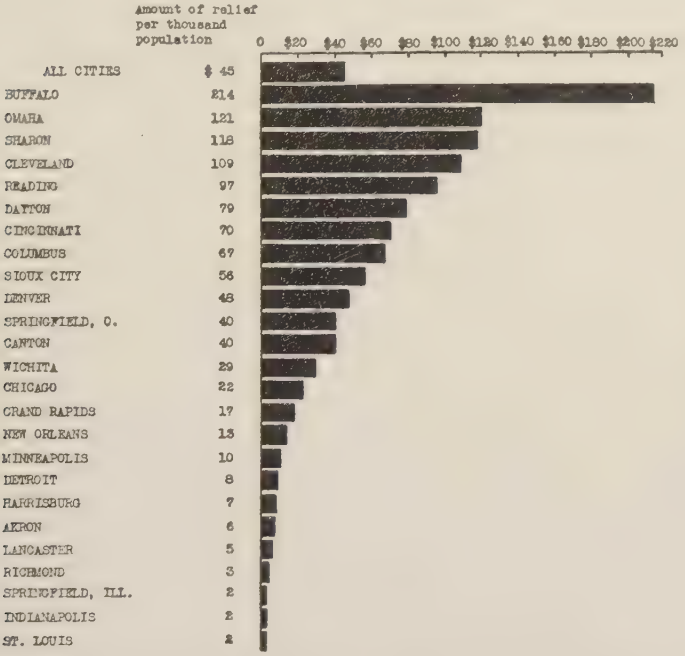
which 19.6 per cent was expended by private agencies and 80.4 per cent by public departments. In 14 cities the total expenditure for relief was reported by the private agencies. Omaha is the only city in which all relief came from the public treasury.

The amount of relief per thousand population as shown in col-

umn 4 of Table XV appears in graphic form in Chart VI. Buffalo far outstripped all other cities in the amount of relief given, both with respect to the absolute amount and the amount per thousand population. The amounts given in Sharon, Omaha, and Cleveland were also relatively high. No information is available to explain

CHART VI

AMOUNT OF RELIEF PER THOUSAND POPULATION GIVEN DURING 1928 BY AGENCIES FOR THE AID OF SERVICE AND EX-SERVICE MEN AND THEIR FAMILIES



variations as wide as those between Buffalo and St. Louis, though at least two possible reasons suggest themselves. First of all there is the possibility that in some communities the ex-service group is very much more definitely set apart for special care than in others. In cities where the lines of demarcation are not sharply drawn, it would not be exceptional for some part of the ex-soldier group to be served by the family societies as ordinary civilians and not set aside in a special group either statistically or for purposes of treatment. Where such a situation exists, the figures with regard to ex-soldier

care would probably be low. On the other hand, if there is such a thing as a normal incidence of problems in the ex-service group, the statistics of the family societies would be expected, in such cities, to be high.

The second possibility is that legislation and public sentiment have in some cities marked out the soldier for special beneficence to a much greater degree than in others. State funds are available for soldier relief, for example, in Nebraska and Illinois. In other com-

TABLE XVI

RELIEF GIVEN BY PUBLIC AND PRIVATE AGENCIES FOR THE AID OF SERVICE AND EX-SERVICE MEN AND THEIR FAMILIES DURING EACH MONTH OF THE YEAR IN TWENTY-THREE CITIES: 1928

MONTH	RELIEF GIVEN FOR THE AID OF SERVICE AND EX-SERVICE MEN AND THEIR FAMILIES		
	All Agencies (1)	Private Agencies (2)	Public Departments (3)
January	$50,537	$9,638	$40,899
February	50,878	8,439	42,439
March	53,257	8,614	44,643
April	47,085	7,614	39,471
May	39,104	6,810	32,294
June	37,677	6,918	30,759
July	38,106	5,888	32,218
August	33,441	5,732	27,709
September	33,483	5,804	27,679
October	39,971	6,404	33,567
November	42,235	6,970	35,265
December	52,266	12,381	39,885

munities special funds for the burial of indigent veterans have been created. It is on the assumption, of course, that ex-soldiers do receive special consideration that the statistics in this field were gathered in 1928 on a special card. If the evidence should show that they are in fact on very much the same footing as other distressed persons, there would then appear to be no reason why the work done in their behalf should not be included with the totals of other family case work.

The peak load of relief in this field occurred in March in the public agencies and in December in the private agencies, as is shown in Table XVI. The low point in relief-giving occurred in August. Thus the curve for ex-soldier agencies differed from that of other family welfare societies. The peak in family relief was in January

rather than in March, though the low point was in August as in the case of the soldier agencies. A comparison of monthly relief expenditures of the two types of agencies shows that in several cities less

TABLE XVII

AVERAGE AMOUNT OF RELIEF PER RELIEF CASE GIVEN BY AGENCIES FOR THE AID OF SERVICE AND EX-SERVICE MEN AND THEIR FAMILIES: 1928

METROPOLITAN AREA	AVERAGE AMOUNT OF RELIEF PER RELIEF CASE GIVEN BY AGENCIES FOR THE AID OF SERVICE AND EX-SERVICE MEN AND THEIR FAMILIES: 1928	
	In Major Care Cases (1)	In Minor Care Cases (2)
Total for 19 cities	$11.27	$ 7.79
Akron	11.60§	*
Canton	9.81	17.43
Chicago	9.42	0.76
Cincinnati	0	5.35
Cleveland	16.40	3.48
Columbus	11.92	51.39
Dayton	4.96	0.47
Denver	7.91	8.39
Detroit	10.16	0
Grand Rapids	27.49	6.08
Harrisburg	7.24	0.81
Lancaster	13.63§	†
Minneapolis	28.87	6.34
New Orleans	9.13	2.17
Omaha	4.57	6.27
Reading	20.19	106.40
Richmond	14.59	1.21
Sharon	26.76	0
Springfield, Ill.	4.46§	‡
Springfield, Ohio	4.96	0.60
St. Louis	16.76	7.31
Wichita	12.77	4.24

* Relief was given one minor care case in each of two months of the year. Total for the year $9.97 to two cases. Not included in total.

† Relief was given to minor care cases in only three months. Total for the year $9.30 to four cases. Not included in total.

‡ Relief was given to only one minor care case in one month only. Total for the year $0.50 to one case. Not included in total.

§ Not included in total

fluctuation occurred in the ex-soldier relief than in the family relief. In Cleveland, Columbus, and Dayton, for example, the amounts spent each month for ex-soldier relief varied comparatively little throughout the year while the family relief figures showed a seasonal fluctuation.

In Table XVII the average amounts of relief per relief case are shown. In the 19 cities included in the totals, the average monthly amount of relief per major care relief case was $11.27. In specific cities this amount varied from $4.46 in Springfield, Illinois, to $28.87 in Minneapolis. In this connection it is well to recall that the case work for ex-soldiers in Minneapolis is handled by the private family welfare society. The average monthly amount of relief given per minor care case was $7.79 in the 19 cities, ranging from $0.60 in Springfield, Ohio, to $106.40 in Reading. The total ex-

TABLE XVIII

SUMMARY OF MAJOR CARE CASES UNDER THE CARE OF AGENCIES FOR THE AID OF SERVICE AND EX-SERVICE MEN AND THEIR FAMILIES IN DETROIT: 1928

Summary of Year's Work	Major Care Cases
Number under care on January 1	18,262
Total intake during 1928	2,193
New	1,843
Last closed prior to January 1	242
Last closed since January 1	108
Number of different cases under care during the year*	20,347
Number closed during the year	14,082
Number under care on December 31	6,373

* Includes cases under care on January 1, new cases, and cases last closed prior to January 1.

penditure in the minor care group in Reading was for burials of soldiers from tax funds.

The attempt to measure the case load of ex-soldier agencies in terms of the number of different cases cared for during the year encounters the same difficulty mentioned in connection with the case load of family welfare agencies, namely, the inability to divide reopened cases into those last closed in a previous year and in a previous month of the current year, respectively. In 10 cities it was impossible to determine the number of different cases under care during the year owing to the omission of these data.

A further defect in basing comparisons on total number of different cases served may be ascribed to variations in the policies of agencies with regard to the closing of cases. This may be illustrated by the case of Detroit, as shown in Table XVIII. The number of different cases reported by Detroit was 20,347. The agency re-

sponsible for this figure carried large numbers of inactive cases in the open file during the early months of the year. A comparison of its figures at the end of the first six months with those of other agencies suggested that many cases should have been closed months earlier. As a consequence the Detroit agency closed 14,082 cases during the last two months of the year, leaving a balance active on December 31, of 6,373, or about one-third the number which were under care at the first of the year. The Detroit incident illustrates strikingly the way in which comparisons of the service statistics of similar agencies can be rendered meaningless by variations in practice. If large numbers of cases that should be closed are carried over from month to month and reported as under care, the validity of many important comparisons, such as the total number of different cases served during the year and the average number under care on the first of each month, is destroyed.

In view of these present differences in practice, the most satisfactory basis for comparing case loads is the average number of cases worked on each month. The average number in the 27 cities included in the totals of Table XIX was 9.0 cases per ten thousand population and the median was 8.3 cases. In specific cities this figure ranged from 1.8 cases per ten thousand population in Minneapolis to 28.0 per ten thousand population in Omaha. Buffalo, which gave the largest amount of relief, had a case load very little higher than the average. Detroit, which in Table XVIII appeared to have a very large number of different cases, had less than the average load of cases actually worked on.

In addition to the variations caused by differences of policy in closing cases, discrepancies also arise in ex-soldier as in family welfare statistics, because of the instability of the concepts major and minor care. In Akron, as is indicated by Table XX, an average of only 4 cases per month out of 304 were reported as minor care, while in Cincinnati all cases were reported as minor care. It is fair to assume that similar problems must arise in both cities and that some of the agencies might be expected to have similar facilities for taking care of them. There seems no way to explain these differences except on the basis of a lack of common understanding of terms. Variations no less striking occur elsewhere, as, for example,

between Richmond and Detroit, where the percentages of all cases that were counted as major care are 2.6 per cent and 100.0 per cent, respectively.

TABLE XIX

AVERAGE NUMBER OF CASES SERVED PER MONTH DURING 1928 BY AGENCIES FOR THE AID OF SERVICE AND EX-SERVICE MEN AND THEIR FAMILIES AND NUMBER PER TEN THOUSAND POPULATION

METROPOLITAN AREA	AVERAGE NUMBER OF CASES SERVED‡ PER MONTH BY AGENCIES FOR THE AID OF SERVICE AND EX-SERVICE MEN AND THEIR FAMILIES: 1928	
	Number (1)	Number per Ten Thousand Population (2)
Total for 27 cities	11,467	9.0
Akron	384	14.8
Buffalo*	702	9.7
Canton	110	9.2
Chicago	1,973	6.3
Cincinnati	1,253	24.0
Cleveland	1,409	12.0
Columbus	866	25.5
Dayton	441	20.1
Denver	339	11.5
Detroit	994	6.1
Grand Rapids	77	4.3
Harrisburg	34	3.3
Indianapolis	231	6.0
Lancaster	60	9.8
Minneapolis	84	1.8
Newark	394	8.3
New Orleans	287	6.7
Omaha	601	28.0
Reading	95	6.4
Richmond	152	6.2
Sharon	45	8.2
Sioux City	51	6.4
Springfield, Ill.	44	6.7
Springfield, Ohio	156	21.4
St. Louis	340	3.5
St. Paul†	227	8.6
Wichita	118	13.1

* Average based on six months only.

† Average based on eleven months only.

‡ Includes major care cases "worked on" and all minor care cases.

While in the present state of reporting, trends can be more accurately portrayed by relief figures than by case loads, the number of cases actually worked on each month is a measure of fluctua-

tion that may in some cities throw light upon the trends in relief. The peak in the case load in 24 cities included in the totals of Table XXI occurred in February, while the peak in relief was reported in March. The low points both in relief and in case load are in August and September.

TABLE XX

AVERAGE NUMBER OF MAJOR CARE AND MINOR CARE CASES SERVED PER MONTH DURING 1928 BY AGENCIES FOR THE AID OF SERVICE AND EX-SERVICE MEN AND THEIR FAMILIES; AND PERCENTAGE OF MAJOR CARE CASES IN THE AVERAGE CASE LOAD

METROPOLITAN AREA	CASES SERVED* PER MONTH BY AGENCIES FOR THE AID OF SERVICE AND EX-SERVICE MEN AND THEIR FAMILIES: 1928		
	Average Number		Percentage of Major Care Cases in Average Case Load
	Major Care (1)	Minor Care (2)	(3)
Akron	380	4	99.0
Buffalo†	461	241	65.7
Canton	20	90	18.2
Chicago	1,652	321	83.7
Cincinnati	0	1,253	0
Cleveland	1,034	375	73.4
Columbus	261	605	30.1
Dayton	416	25	94.3
Denver	252	87	74.3
Detroit	994	0	100.0
Grand Rapids	11	66	§
Harrisburg	32	2	§
Indianapolis	216	15	93.5
Lancaster	56	4	§
Minneapolis	20	64	§
Newark	131	263	33.2
New Orleans	132	155	46.0
Omaha	77	524	12.8
Reading	78	17	§
Richmond	4	148	2.6
Sharon	33	12	73.3
Sioux City	51	0	§
Springfield, Ill.	33	11	§
Springfield, Ohio	139	17	89.1
St. Louis	32	308	9.4
St. Paul‡	214	13	94.3
Wichita	63	55	53.4

* Cases "served" are cases "worked on" during the month.

† Average based on six months only.

‡ Average based on eleven months only.

§ Less than 100 cases served per month.

The question has been asked earlier whether figures on ex-soldier

work should be combined with the statistics of other family welfare organizations. The tables just presented reveal no convincing reason why this combination should not be effected. The tables appear to indicate that the items of the family report were filled in with comparative ease by ex-soldier agencies. The objection could be made that the service counts of the ex-soldier agencies were perhaps forced arbitrarily into these family categories by the social workers. There is no evidence with which such an objection could be met. Nor could it be denied that the figures in the two fields may possibly

TABLE XXI

NUMBER OF CASES* SERVED BY AGENCIES FOR THE AID OF SERVICE AND EX-SERVICE MEN AND THEIR FAMILIES DURING EACH MONTH OF THE YEAR 1928

Month	Number of Cases*
January	11,633
February	11,744
March	11,221
April	11,529
May	10,156
June	9,358
July	9,675
August	8,597
September	8,737
October	10,080
November	9,854
December	10,415

* Includes major care cases worked on and all minor care cases reported in 24 cities.

be of very unlike content. Nevertheless it does seem that if both fields can use the same report form with comparative ease, there is some ground for believing that the figures of the two fields might well be combined. Presenting them separately may not be vastly different from eliminating all tuberculosis patients from hospital statistics and presenting the remainder as a total figure for the community's hospital service.

An effort has been made in this chapter not only to mention a few of the facts revealed by the tables, but more particularly to set forth the obstacles that impede the collection of comparable statistics in the field of family welfare. Some of these obstacles, such as the

failure to distinguish between cases last closed in a previous year and in a preceding month of the current year, respectively, can be overcome very easily. Others, such as classification of major and minor cases, will yield only to more intensive study and analysis. Until case-working agencies develop concepts of measurement that in some degree approach in exactness the units used by the institutional agencies, statistics relating to their work will fall short of desirable standards. The evidence is abundant, however, not only that improvement has been made, but also that the agencies are interested in carrying this improvement farther.

CHAPTER IV

LEGAL AID

The term "legal aid" is in general applied to all efforts toward making persons equal before the law. Thus it includes the movement for legal restrictions upon the power of the strong to control and oppress the weak which has resulted in a body of social legislation such as child labor laws, workmen's compensation laws, short hour enactments, and the like. It includes also several aspects of the general movement toward making legal protection available to the economically weak, such as exempting the poor litigant from the payment of costs, establishing small claims courts, and creating public and private agencies to provide legal advice, court representation, and procedural assistance.

It is the last of these aspects of "legal aid" that is undertaken by the organized legal aid societies in the United States, that is, the provision of legal advice, court representation, and procedural assistance for persons who, because they are poor, are unable to appear as equal persons before the courts.

That records and statistics are better developed in the field of legal aid than in some other fields of social work is perhaps not surprising. The legal profession has long been aware of the value of records. Moreover, the National Association of Legal Aid Organizations has appreciated from its inception the value of statistics both for self-analysis and for social planning. Smith and Bradway say:

> The final test of the merit of any organization that exists to render a public or community service must depend on the amount of work it can perform and the degree of efficiency it is able to attain. It is possible to apply a quantitative test to the legal aid organizations because most of them have kept satisfactory records as to the major features of their work, how many clients they served, how much they collected for clients, and what the cost of their own operation amounted to.[1]

[1] See Reginald Heber Smith and John S. Bradway, "Growth of Legal Aid Work in the United States," *U. S. Bureau of Labor Statistics, Bulletin No. 398*, p. 73.

Again, in describing the functions of a legal aid society, Mr. Bradway says:

> But most important of all is the opportunity it gives for the collection of statistics. Until the establishment of a legal aid office the knowledge of the way in which much of our law operates upon the individual man in the community was a matter of conjecture. Lawyers see isolated cases only. Courts are not in a position to take much action. Social agencies and the public generally do not keep such records. But now it is possible to gather statistics as to the 125,000 and more cases coming to legal aid societies each year. Such a mass of material has tremendous possibilities. In addition to the general information it will give, there will be available material for new law and for remedying defects in existing law. These facts, based on actual cases, are the greatest contribution legal aid work can make to the community.[2]

It is also not surprising to find the legal profession unafraid of standardization and control. The National Association of Legal Aid Organizations occupies a place that is perhaps unique among national social agencies in recognizing among its powers and functions not only the development but also the enforcement of standards. The third section of the first article of its constitution reads as follows:

> To the end that the national association may be empowered and equipped to carry out its purposes it shall have and exercise:
>
> 3. The right to promulgate standards as to the conduct of legal aid work, including classification of clients and cases, the methods of keeping financial accounts, and the manner of rendering reports to the public.
>
> 4. The privilege of visitation, including access to the books, accounts, and records of any legal aid organization. . . . .
>
> 5. The right to call for any information, other than information privileged by the relation of attorney and client, in the possession of any legal aid organization.
>
> 6. The right to publish accounts of legal aid work, to make reports and suggestions to the governing board of any legal aid organization, and to make public the names of organizations which are delinquent as to membership, dues, or *the conduct of their work.*[3]

A continuous statistical record of legal aid work extends back to the year 1876. The available statistics, however, are comparable from agency to agency in only three items, namely, number of cases,

[2] John S. Bradway, "The Function of a Modern Legal Aid Society," *Annals of the American Academy of Political and Social Science,* CXXIV (March, 1926), 19.

[3] Smith and Bradway, *op. cit.,* p. 142.

amounts collected for clients, and operating expenses. As to the other items of interest, Smith and Bradway say:

> While most of the stronger societies and bureaus keep records showing the nature of their cases, how they were referred to the legal aid office, and what they were able to accomplish in these cases, it is virtually impossible to combine these figures because each organization has had its own system, its own terminology, and its own classifications, which are not comparable with those of other organizations.[4]

The need for comparable statistics was in fact one of the chief reasons for the strong central organization effected in 1923 and the constitutional provisions cited in the foregoing indicate the manner in which it was hoped standardization might be promoted.

The hope was not an empty one, for a Special Committee on Classification and Standardization of Forms was immediately appointed and a uniform system of statistics was adopted to be effective in 1924. The Committee, after careful consideration of the existing systems in the several agencies, devised a standard statistical sheet to be used for an annual report of the work of each agency to the national organization. The statistical sheet is accompanied by a ninety-page pamphlet, containing definitions and explaining the classifications and some of the reasons for their adoption. The statistical sheet provides a line for each case and columns in which are checked the various classifications into which the case falls. Cases are classified under four main headings: (1) data as to client, (2) data as to source, (3) data as to nature of the case, and (4) disposition and courtwork. All of these main classifications have several subdivisions.

The legal aid case, which is the unit of statistical count in this field, was not defined in the report of the Committee on Classification and Standardization. In the period since the publication of the report, however, some effort has been made toward a definition.[5] The case recognized by a legal aid society is not a family nor an individual with several problems but each "matter" presented by a family or an individual for advice or adjustment. Thus if a woman presents at the same time the problem of desertion and the problem

[4] Smith and Bradway, *op. cit.*, p. 74.

[5] Correspondence with Mr. Bradway.

of eviction the legal aid society reports two cases. A "new" case is a new *problem* presented to the agency although the *client* may have been known to the agency before. Applications which are refused at first interview are not counted as cases.[6] Some matters presented to the legal aid society prove upon investigation not to require procedural assistance. Some of these can be disposed of by advice, some by referring the applicant to a social agency, and in some cases investigation may lead to a refusal to undertake the case. All of these matters in which time is taken to look into the problem and a record is made are nevertheless counted as cases.

The statistical sheet devised by the Committee on Classification and Standardization and filled out each year by each member society provides the essential steps in the measurement of the annual volume of work of the legal aid societies. The remaining step to be taken in a project for the monthly reporting of statistics was to adapt the system to a monthly basis. Since monthly reports had not been required the societies were not in the habit of keeping a running account of cases pending, new cases accepted, cases disposed of, and cases carried forward. Since legal aid cases may be pending for a long time without settlement and without receiving active attention, the problems of installing such a system seemed to some organizations an insuperable one. Nevertheless, the difficulties were overcome by most of the co-operating societies and a fair measure of success has been attained in the reporting in this field.

Among the 29 cities participating in the registration of social statistics, 7 have no legal aid organizations. These cities are Canton; Lancaster; Sharon; Sioux City; Springfield, Illinois; Springfield, Ohio; and Wichita. In 8 other cities, Akron, Des Moines, Harrisburg, Indianapolis, New Orleans, Reading, Richmond, and Scranton, legal aid is given by committees of the bar associations, but in these cities the work has not assumed large proportions and statistics are not yet available. Although Newark and St. Louis have legal aid societies, reports were received from neither organization. From the remaining 12 cities reports were received from 14 legal aid organizations. In Chicago the work is divided among 3 organi-

[6] All societies refuse aid to a person able to employ counsel, most societies refuse divorce cases, and some societies are not equipped to handle criminal defense.

zations, the Legal Aid Bureau of the United Charities, the Criminal Courts Branch, and the Legal Aid Department of the Jewish Social Service Bureau.

The number of legal aid cases open during the year in 12 cities is shown in Table XXII. The total number for all cities reporting was 63,237, or 6.9 per thousand population. The number of cases reported by the several cities varies from 3.0 per thousand population

TABLE XXII

LEGAL AID CASES OPEN DURING THE YEAR AND NUMBER PER THOUSAND POPULATION: 1928

METROPOLITAN AREA	LEGAL AID CASES OPEN DURING THE YEAR 1928	
	Number (1)	Number per Thousand Population (2)
Total	63,237	6.9
Buffalo	7,035	9.7
Chicago	23,869	7.6
Cincinnati	3,538	6.8
Cleveland	6,837	5.8
Columbus	3,701	10.9
Dayton	1,662	7.6
Denver	875	3.0
Detroit	9,704	6.0
Grand Rapids	1,278	7.1
Minneapolis	2,553	5.6
Omaha	1,160	5.4
St. Paul	1,025	3.9

in Denver to 10.9 per thousand in Columbus. The relative number of cases may be affected, however, by the class of cases accepted. In Chicago and Denver both civil and criminal cases are handled, while in Cincinnati, Columbus, Dayton, Detroit, Grand Rapids, Omaha, and St. Paul only civil cases are included.

The number of cases accepted during the year is shown in Table XXIII. Columbus and Buffalo head the list in number of cases accepted, as they did in the number of cases open, but Chicago drops from third place to fifth, with only 6.5 per thousand accepted during the year. The differences between Tables XXII and XXIII raise again the question of the one best unit for measuring the volume of work. The differences between these two tables reflect a difference

in technique or conditions of work. In Chicago a larger proportion of cases is carried over from month to month without disposition. Hence the number of cases pending at the beginning of the year forms a larger proportion of the total number of cases handled during the year. If the total number of cases handled be taken as the unit of measurement, Chicago appears to have a slightly larger load per thousand population than Grand Rapids. If, on the other hand,

TABLE XXIII

LEGAL AID CASES ACCEPTED DURING THE YEAR 1928

METROPOLITAN AREA	LEGAL AID CASES ACCEPTED DURING THE YEAR 1928	
	Number (1)	Number per Thousand Population (2)
Total	56,710	6.2
Buffalo	6,154	8.5
Chicago	20,303	6.5
Cincinnati	3,395	6.5
Cleveland	6,797	5.8
Columbus	3,401	10.0
Dayton	1,639	7.5
Denver	871	3.0
Detroit	9,000	5.5
Grand Rapids	1,238	6.9
Minneapolis	2,156	4.7
Omaha	1,117	5.2
St. Paul	639	2.4

the number of cases accepted during the year be taken as the unit of measurement, the reverse appears to be true.

Table XXIV brings out in another way the variation in the length of time that a case is carried in the several cities. In Chicago the average number of cases pending on the first of the month was 14.1 per ten thousand population and in St. Paul the average number pending was 10.9, yet in Chicago, as shown in Table XXII, the total case load for the year was twice as great in proportion to population as in St. Paul.

Table XXV indicates that on the average only 17 per cent of the cases open each month were disposed of in St. Paul and only 27 per cent in Chicago, while Dayton and Cleveland disposed of 84 per

cent of their open cases. Variation in the proportion of cases disposed of from time to time may reflect variations in length of court procedure, although the difference between Chicago and Dayton certainly cannot be explained on this basis alone.

Although the number of legal aid cases pending at one time in the several cities may be a significant measure of the number of problems to be solved, variations in the actual work performed by each

TABLE XXIV

AVERAGE NUMBER OF LEGAL AID CASES PENDING ON THE FIRST OF EACH MONTH DURING THE YEAR 1928 AND AVERAGE NUMBER PER TEN THOUSAND POPULATION

METROPOLITAN AREA	LEGAL AID CASES PENDING ON FIRST OF MONTH DURING 1928	
	Average Number (1)	Average Number per Ten Thousand Population (2)
Total	7,578	8.3
Buffalo	942	13.0
Chicago	4,403	14.1
Cincinnati	328	6.3
Cleveland	94	0.8
Columbus	319	9.4
Dayton	26	1.2
Denver	6	0.2
Detroit	698	4.3
Grand Rapids	60	3.3
Minneapolis	385	8.4
Omaha	32	1.5
St. Paul	286	10.9

city may be better indicated by a classification of cases each month into those "worked on," or active, and those "not worked on," or inactive. This classification was not added to the schedule until the year was half over, and some societies found it impossible to change their statistical systems to yield the necessary figures. For those societies that did furnish this information the data are shown for the last six months of the year in Table XXVI.

In St. Paul more than half of the cases pending disposition are not worked on during the month, and in Chicago and Buffalo the

proportion is nearly as great. This may mean, of course, that crowded court calendars prevent prompt hearings and that cases are necessarily carried from month to month without needing action. The small proportion of cases finally disposed of after litigation, however, as shown in Table XXVII, suggests that some additional explanation must be sought.

TABLE XXV

LEGAL AID CASES, 1928; CASES ACCEPTED PER MONTH AS A PERCENTAGE OF CASES PENDING ON FIRST OF MONTH; CASES DISPOSED OF PER MONTH AS A PERCENTAGE OF CASES OPEN PER MONTH

METROPOLITAN AREA	LEGAL AID: 1928	
	Cases Accepted per Month as a Percentage of Cases Pending on First of Month (1)	Cases Disposed of per Month as a Percentage of Cases Open per Month (2)
Total	62	37
Buffalo	54	35
Chicago	38	27
Cincinnati	86	43
Cleveland	*	84
Columbus	89	47
Dayton	*	84
Denver	*	*
Detroit	107	52
Grand Rapids	*	64
Minneapolis	47	30
Omaha	*	77
St. Paul	19	17

* Base less than 100.

The method of disposing of cases is shown in Table XXVII. Only 4.9 per cent of the cases in the 11 cities were disposed of after litigation, 14.0 per cent were adjusted without court action, and 81.1 were disposed of in other ways. This last group, which proved to be the most significant in size, includes seven groups which the statistical sheet of the National Association of Legal Aid Organizations designates as follows: (1) advice given or referred to another agency; (2) case dropped because client unable to advance costs;

(3) case withdrawn by client or otherwise lapsed; (4) investigated and advice given; (5) investigated and referred to another agency;

TABLE XXVI

PERCENTAGE OF LEGAL AID CASES WORKED ON DURING THE MONTH*

Metropolitan Area	Percentage of Legal Aid Cases Worked On During the Month
Buffalo	50.0
Chicago	52.9
Cincinnati	97.4
Cleveland	100.0
Columbus	62.4
Dayton	100.0
Denver	91.7
Detroit	73.0
Grand Rapids	80.1
Omaha	98.4
St. Paul	43.1

* Based on reports for the last six months of the year 1928.

TABLE XXVII

LEGAL AID CASES DISPOSED OF DURING 1928; PERCENTAGE DISTRIBUTION BY TYPE OF DISPOSITION

METROPOLITAN AREA	LEGAL AID CASES DISPOSED OF DURING 1928			
	Total Number Disposed Of (1)	Percentage Distribution		
		After Litigation (2)	Adjusted (3)	Other (4)
Total	49,250	4.9	14.0	81.1
Chicago	19,401	3.8	8.1	88.1
Cincinnati	3,160	2.5	27.0	70.5
Cleveland	6,696	3.1	4.0	92.9
Columbus	3,368	10.0	32.0	58.0
Dayton	1,636	14.9	38.2	46.9
Denver	867	23.3	17.4	59.3
Detroit	8,976	3.9	4.5	91.6
Grand Rapids	1,257	1.6	34.6	63.8
Minneapolis	2,048	5.5	18.3	76.2
Omaha	1,146	10.1	85.7	4.2
St. Paul	695	5.8	21.4	72.8

(6) investigated and refused; and (7) information secured and documents drawn. These classifications were not followed in this reg-

istration,[7] and it is impossible to say with any certainty for the year 1928 how the 81.1 per cent grouped as "other" were distributed.

Little difficulty was encountered in the use of the legal aid form during 1928. If a society reported at all it reported regularly and completely. The same form with slight additions in classification and explanation was adopted for the year 1929.

[7] The schedule used during the first half of the year included a third classification designated as "investigated and advice given." This classification was dropped about the middle of the year and another was substituted called "information secured and documents drawn." Both of these were classifications used by the national association, but some agencies evidently failed to change from one classification to the other. The results seemed too doubtful to tabulate.

CHAPTER V

NON-INSTITUTIONAL SERVICE TO TRAVELERS

Recognition of responsibility by the National Association of Travelers Aid Societies for standardizing the statistics of its member agencies greatly simplified the task of developing a report blank in this field.[1] The problem was primarily one of selecting from the rather detailed national report blank the specific items that seemed most important in measuring the volume of service rendered.

An examination of the program indicated that the work seemed to divide naturally into two parts. One part is carried on in transportation terminals where most of the problems of transients first come to light. The case workers in the stations, however, are not always able to leave their posts to make emergency visits in the field and their efforts are therefore usually supported by a local supervisory office through which the field work is correlated with the work in the stations. The type of work done in the terminals is not necessarily different from that carried on by the supervisory office. Both are factors in a unified case work program. Hence, from the standpoint of recording statistically the volume of work performed, the functional division of labor within the organization is unimportant.

Moreover, it seemed that differences in scope of program from city to city could be disregarded. If a society in one city accepted full responsibility for providing case work service either with or without relief to all applicants of less than an agreed minimum residence, and if a society in a neighboring city gave no relief and restricted its service to those who fell within a strict definition of the term "traveler," it seemed desirable that such differences should be reflected in the statistics.

The problem of defining the field, which was so difficult in many instances, proved to be only a minor difficulty in Travelers Aid. In most cities it was perfectly apparent that there was only one agency

[1] *Travelers Aid Manual* (mimeographed), chap. iv, p. 26.

to report on Form 4 (Non-institutional Service to Travelers) and that this one agency carried the entire local responsibility for assisting travelers. The only question that arose was with regard to 5 cities in which there was no regularly organized Travelers Aid Society. In these cities the problems of travelers were handled by some local social agency that acted as correspondent for the national organization. It was necessary to decide whether in these 5 cities the agencies acting as correspondents should report on Form 4 such service to travelers as they were called upon to render. On the theory that it might prove profitable for these cities to know how extensively the needs of transients were being met, the decision was affirmative. Expediency, however, made necessary a modification of this decision. In 3 of the cities the figures either could not be segregated easily from the other service statistics of the agency or else the work for travelers was given so little attention as to be scarcely worth recording.

An analysis of the services rendered by Travelers Aid Societies revealed at least two units of measurement that are basic: (1) the number of cases and (2) the number of individuals served. "Case" was defined in the manual of the National Association as "an individual, a family, or a group of individuals traveling together and presenting the same common problem."[2] Thus the number of cases could never be larger than the number of individuals and, in all probability, would usually be smaller.

"Cases" seemed to divide logically into two groups: (1) those in which advice or information was given and (2) those in which adjustments were made or initiated. The advice and information cases proved to be more subject to misinterpretation than the adjustment cases. The manual of the National Association stressed the point that information which could be given by other employees in the terminal should not be included in the case count of Travelers Aid workers. This ruling excluded the numerous inquiries about trains, the advice relative to checking of baggage, and similar information which station employees were equally well able to impart. Only such advice as the social worker was peculiarly equipped

[2] *Ibid.*, chap. vii, p. 9.

to give, as, for example, information regarding desirable lodging-houses, was to be included.

Although this interpretation of the advice or information case was adopted, the monthly reports showed clearly that local associations differed in their understanding of the distinction. The list of information cases contained in the manual of the National Association was suggestive rather than exhaustive, and, in spite of the general rule, practices were not uniform in all cities. The error lay, not in counting as information certain cases that should be counted as adjustments, but rather in including as information a host of friendly services that should not be included at all. An important service could be rendered by the National Association by amplifying the present list of information cases given in its manual. If this list were made reasonably inclusive, station workers could determine by consulting it whether a specific service should be recorded. A list like the present one, which illustrates the rule, is valuable, but it still leaves upon individual workers the responsibility of interpreting the rule in the specific instances which arise under it.

Since the intercity character of Travelers Aid service constitutes one of its prime contributions to social work, it seemed important to measure the extent to which the resources of other communities were enlisted in resolving the difficulties of transients. Accordingly, the adjustment cases were divided into the four following classifications: (1) those in which the adjustment was made by the agency itself; (2) those in which adjustment was made by transfer to another agency in the city; (3) those in which adjustment was made by transfer to an agency in another city; and (4) those in which adjustment was made jointly by the society and another organization either in the same or another city. Cases in this last group are commonly called in Travelers Aid terminology "refer cases." The sum of these four classes of cases, it was believed, would constitute the entire case load for the month, with the exception of the information and advice cases.

One difficulty was encountered, however, that had not been foreseen. The four classifications were not necessarily mutually exclusive. A case might be referred early in the month to another organization with the expectation that the two societies would jointly

work out a solution of the problem. Later in the month this case might be transferred completely to the co-operating society. When this difficulty was discovered an instruction was formulated asking that the exceptional cases in which this overlapping occurred be classified according to the category last effective. Thus, in the instance cited, the case would be reported at the end of the month, not as a "refer case," but as a case adjusted through transfer to another organization. No objection to this ruling was received from any of the co-operating societies.

The schedule did not seek to determine the number of different cases treated during the year. The report for any given month was expected to show the unduplicated total of cases served during that month, but a case initiated toward the close of one reporting period and carried over into the next would be reported in both months. Annual tabulations could thus reveal only the average number of cases under care each month. In order to obtain an unduplicated total for the year, it would have been necessary to provide an item for the number of cases carried over on January 1, and an item for intake, which in turn would be subdivided into new cases, cases reopened from a previous year, and cases reopened from a previous month of the current year. It seemed unwise to ask for such detailed information, particularly since the report blank of the National Association did not require it and since a large majority of travel problems are short-time cases that are not usually carried over from one month to another.

Although the basic unit of count adopted was the case, it also seemed important to measure service in terms of individuals. In some case-working agencies the individual and in others the family is the unit of count. In Travelers Aid either the family or the individual may constitute a case and, in addition, a group traveling together and presenting the same common problem may be a case. Thus this agency is unique in the scope of service that may be included within a single unit of measurement. No other case-working agency would count as a single case several unrelated individuals who have nothing in common except a destination and a difficulty.

Undoubtedly some mistakes and misinterpretations entered into the count of individuals. A few societies said frankly that they

could not give the figure. A majority, however, reported it. A reunion effected between a runaway girl and her parents would be counted as one case by all agencies, but some would record three individuals served and others might record only one, particularly if the parents were in a distant city and were not in direct contact with the organization. Moreover cases are likely to arise from time to time in which it is difficult, if not impossible, to determine accurately just how many persons have been aided by a given accomplishment. The National Association has urged its member societies, in such instances, to err on the side of understatement rather than of exaggeration.

Although most Travelers Aid Societies have on hand a small sum of money which they use for emergency relief, no information was requested in 1928 relative to the amount of money thus distributed. Ordinarily the social workers in the terminals refer to the recognized relief agencies of the city cases in which material aid is needed. The occasional case arises, however, in which it seems unfair to ask another organization to serve as pocketbook in settling a problem which the Travelers Aid has carried through from its inception. Moreover, the staff members work in shifts and are often on duty at hours when the offices of the relief agencies are closed. For these reasons, though they do not consider themselves relief agencies, Travelers Aid Societies are obliged at times to assist transients financially.

It was undoubtedly a mistake not to collect figures during 1928 relative to the amount of relief disbursed in this field. The original decision not to do so was based on a belief that the amounts were too small to be worth tabulating. While the sums actually are very small, there is a valid reason for keeping account of them. The situation in any field of social work seldom remains static, and it would be interesting five years hence to study the relief figures of Travelers Aid Societies in the various cities and in the registration area as a whole to determine whether any trend in the policy of disbursing relief had become apparent. The relief figures will be available in the report for 1929, but it is regrettable that they were omitted for the first year.

Only two of the twenty-four fields in which statistics were gath-

ered in 1928 were completely reported, and of these one was Travelers Aid. A few of the cities, to be sure, have no special agencies to assist transients. But every city that does have a Travelers Aid Society submitted reports covering its activities. Reading and Sharon, which do not have special agencies to serve travelers, do have societies which act as correspondents for the National Association. The co-operating societies in these two cities also submitted reports regularly covering the travel problems referred to them.

TABLE XXVIII

TOTAL NUMBER OF CASES SERVED BY TRAVELERS AID ORGANIZATIONS IN TWENTY-SIX CITIES: 1928

Month	Number of Cases Served
January	21,845
February	15,838
March	17,182
April	17,962
May	18,606
June	21,216
July	23,587
August	24,102
September	21,262
October	19,721
November	17,177
December	17,332

Table XXVIII, shows the number of cases served each month during 1928. Both the information cases and the cases involving social adjustments are included in these figures. The case load for the entire area was lowest in February, and even in that month nearly 16,000 cases were served. A large majority of these cases represent requests for information in terminals or social problems arising in connection with travel. Some, of course, are non-resident cases referred by other agencies in cities where the Travelers Aid is expected to serve all cases that have less than an agreed minimum period of residence in the community.

The peak load for the year fell in summer rather than in winter. The high points for the year were in July and August. The figures again drop off with the recurrence of winter. Possibly the automo-

bile migrant, whose movements are freer in the summer, may be in part responsible for this phenomenon. An examination of the figures for the individual cities shows that August figures are not weighted by specially heavy returns from two or three of the larger communities. A peak load in August seems, in fact, to be a typical situation in this field. Thirteen of the 26 cities show a peak in August, and several others indicate their heaviest loads in July or September.

The figures submitted by New Orleans merit special comment. In January New Orleans reported a total of 8,078 cases. This figure represents considerably more than half of the case load for the entire area. An examination of the situation indicated that many services were included in the information count which were either not rendered in other communities or were at least not counted in the statistical report. The information count is, of course, responsible for the size of the figure. The adjustment cases are numerous but, as appears in Table XXX, do not completely overshadow the totals reported by other cities. The size of the total figure for New Orleans is therefore occasioned mainly by the inclusion of train information in the information or advice category. A better understanding in this matter was reached as the year progressed, and gradually some of the information cases that are counted in reports to the local board of directors were eliminated from the report sent to Chicago.

The total number of cases reported by the various cities did not necessarily vary with the size of the city. Cincinnati, for example, reported a larger number of cases than Cleveland, and the Cleveland figures are higher than those of Detroit, though these 3 cities, if listed in order of population, would appear in reverse sequence. The number of terminals in a city and the extent to which they are covered undoubtedly have more influence on case load than does the size of the resident population. Local agreements as to responsibility for transients who, strictly speaking, are not travelers, may also have an important effect upon the size of the case load.

The average number of cases served each month in 23 cities was 15,472, as is indicated by Table XXIX. Of this number 44.3 per cent were information cases. Thus more than half of the cases re-

ported in the area involved some type of social adjustment. An examination of the figures of the individual cities indicates, however, that in 8 of them the information cases rose to more than 50 per

TABLE XXIX

TRAVELERS AID, 1928: AVERAGE NUMBER OF CASES PER MONTH, PERCENTAGE OF "INFORMATION AND ADVICE ONLY" CASES, AND TOTAL NUMBER OF INDIVIDUALS SERVED DURING THE YEAR

METROPOLITAN AREA	TRAVELERS AID: 1928		
	Average Number of Cases per Month	Percentage of "Information and Advice Only" Cases*	Total Number of Individuals Served during Year
Total for 23 cities	15,472	44.3	288,115
Akron	576	41.1	10,216
Buffalo	769	35.9	13,863
Canton	78	56.5	1,188
Chicago	4,415	46.8	66,875
Cincinnati	1,163	52.9	21,655
Cleveland	1,006	45.8	16,403
Columbus	414	39.5	6,497
Dayton	589	68.6	12,663
Denver	565	55.7	9,911
Des Moines	311	41.2	4,917
Detroit	340	24.3	33,320
Grand Rapids	346	76.8	5,803
Harrisburg	320	34.5	5,278
Indianapolis‡	454	34.5	§
Minneapolis	875	42.0	14,775
Newark	400	43.2	5,780
New Orleans‡	3,720	86.6	§
Omaha	470	48.4	7,931
Reading	9	44.9	130
Richmond	732	25.8	13,492
Scranton	404	23.8	6,682
Sharon‡	4	†	§
Sioux City	361	57.0	5,205
Springfield, Ill.	88	69.9	2,658
St. Louis	900	25.0	17,155
St. Paul	341	38.4	5,718

* Percentage based on total number for year.
† Less than 100 cases per year.
‡ Not included in total.
§ Not reported.

cent of the total case load. Scranton had the smallest proportion of information cases—23.8 per cent. Detroit with 24.3 per cent, Richmond with 25.8 per cent, and St. Louis with 25.0 per cent are also comparatively very low in the proportion of information cases to total cases.

The total number of individuals served in the area during 1928 was in excess of a quarter of a million. Moreover, this figure does not include the totals for Indianapolis, New Orleans, and Sharon, which supplied a count of cases but were unable to give the numbers of individuals represented by these cases. In Chicago the number of individuals served does not fall far short of 67,000, and in Detroit the figure exceeds 33,000. It is interesting to observe that the number of individuals served in Detroit is nearly twice as large as in St. Louis, though the average number of cases per month is only slightly more than a third the number reported by St. Louis. The ratio between information cases and adjustment cases is practically the same in both cities. Hence there must actually be a larger number of persons in the average case group in Detroit or else St. Louis counts each of several individuals as cases who in Detroit would be grouped together as one unit of count. Cleveland and St. Louis do not show the same wide variation in this respect as do St. Louis and Detroit, though the proportion of information cases to total cases is much higher in Cleveland than in St. Louis. Cleveland and Detroit compare in very much the same way as Detroit and St. Louis. Detroit exceeds Cleveland in number of individuals served but has only about a third as many cases.

Table XXX relates to cases in which specific social adjustments were made. The total number of such cases in this group of 22 cities was nearly 100,000. More than a fourth of this number was reported by Chicago. St. Louis stood second with 8,099, and Cincinnati third with 6,580. New Orleans reported 5,961 adjustment cases, and was therefore high in total cases only because the number of information cases included in the total was so large. Sharon and Reading show the smallest number of cases requiring adjustment, doubtless because neither city has a regularly organized Travelers Aid Society. Both cities serve mainly only such cases as are referred to the local organization that serves as correspondent for the National Association and both reported less than 100 cases for the year. Hence the percentage distribution of transferred and referred cases was not computed for either community.

Three cities—Cincinnati, New Orleans, and Springfield, Illinois—did not report the subdivisions of the adjustment cases. Seventy-

one per cent of the adjustment cases in the remaining cities were handled by the local agency itself. In Des Moines 94.2 per cent of

TABLE XXX

CASES IN WHICH ADJUSTMENTS WERE MADE BY TRAVELERS AID ORGANIZATIONS DURING 1928; PERCENTAGE DISTRIBUTION ACCORDING TO RESPONSIBILITY FOR ADJUSTMENT

METROPOLITAN AREA	TRAVELERS AID: 1928				
	Cases in Which Adjustments Were Made				
	Total Number	Percentage Distribution			
		By Agency Itself	By Transfer to Another Agency in the City	By Transfer to an Agency in Another City	Jointly by Agency and by a Co-operating Agency
Total for 22 cities...	99,530	70.9	8.7	8.6	11.8
Akron	4,314	87.0	4.2	3.8	5.0
Buffalo	5,010	68.2	3.9	17.0	10.9
Canton	405	36.8	25.9	23.5	13.8
Chicago	28,210	61.1	12.5	12.9	13.5
Cincinnati†	6,580	‡	‡	‡	‡
Cleveland	6,540	33.4	19.0	12.9	34.7
Columbus	3,007	84.4	1.6	7.1	6.9
Dayton	2,217	90.5	5.2	1.9	2.4
Denver	3,003	70.6	12.7	4.8	11.9
Des Moines	2,197	94.2	2.1	2.9	0.8
Detroit	3,091	28.2	36.8	23.6	11.4
Grand Rapids	963	70.2	4.3	6.8	18.7
Harrisburg	2,511	74.7	7.7	5.5	12.1
Indianapolis	3,572	85.2	3.9	6.0	4.9
Minneapolis	6,092	84.5	8.5	2.3	4.7
Newark	2,729	74.2	4.1	6.5	15.2
New Orleans†	5,961	‡	‡	‡	‡
Omaha	2,911	90.9	2.6	2.2	4.3
Reading	59	*	*	*	*
Richmond	6,519	77.4	5.0	3.2	14.4
Scranton	3,697	94.0	0.5	3.1	2.4
Sharon†	36	*	*	*	*
Sioux City	1,861	93.0	2.1	3.0	1.9
Springfield, Ill.†	318	‡	‡	‡	‡
St. Louis	8,099	80.7	2.4	5.6	11.3
St. Paul	2,523	77.8	2.1	4.8	15.3

* Less than 100 cases during year.

† Not included in total.

‡ Not reported.

all adjustment cases were handled by the agency independently. Scranton stands second with 94.0 per cent, and Sioux City third with 93.0 per cent. Detroit reported the smallest number of adjustments made by the agency itself—28.2 per cent. Only 2 other

cities in the list reported less than half of their adjustments made independently—Cleveland with 33.4 per cent and Canton with 36.8 per cent. The question arises whether so large a proportion of cases is handled by transfer and by reference in these 3 cities because of an abundance of local social resources to which cases may be sent. Chicago, however, which has many social resources, reported 61.1 per cent of its Travelers Aid cases as handled by the agency itself, independently of other organizations.

In spite of the popular view that Travelers Aid is primarily an agency that refers distressed transients to organizations equipped to meet their needs, only 8.7 per cent of all adjustment cases were settled through transfer to other agencies in the city. To this figure may be added another 8.6 per cent, representing cases transferred to agencies in other communities, and 11.8 per cent representing cases settled jointly by Travelers Aid and some other social work organization either in the same or in another city. Thus in only 29.1 per cent of the cases did the Travelers Aid societies in these cities ask other organizations either to accept complete responsibility or to share responsibility with them.

Detroit reported the largest proportion of cases transferred to another local agency for treatment—36.8 per cent. Canton stood second in this regard with 25.9 per cent. Columbus reported only 1.6 per cent of its adjustment cases as transferred for care to another local society. Detroit and Canton are also highest in proportion of cases transferred to an agency in another city, showing in this column 23.6 per cent and 23.5 per cent, respectively. Columbus, however, which reported the smallest percentage of cases transferred to other local agencies, shows 7.1 per cent transferred to agencies in other cities. Dayton made little use of the resources of other cities, with only 1.9 per cent reported as transferred to agencies in other communities.

Most cities reported a larger number of "refer" than of "transfer" cases. In Cleveland 34.7 per cent of all adjustment cases were settled jointly by Travelers Aid and some other co-operating society. Detroit, which reported the largest percentage of cases transferred both to local and non-local agencies, fell below several of the other cities in the percentage of cases adjusted co-operatively, re-

porting only 11.4 per cent in this category. Dayton is again low in this classification with only 2.4 per cent of its cases adjusted co-operatively, and Sioux City is at the foot of the list with only 1.9 per cent of its adjustment cases handled by reference.

The statistical work already done in this field by the National Association simplifies materially the task of gathering comparable data. The most pressing immediate need probably is to draw more sharply the line that separates information cases from the many friendly services that should not enter into the case count. The basis upon which this distinction is now made appears to be sound. Any well-disposed person would give a confused traveler such information as he had at his disposal. When the information is of such a character, however, that the social worker is the only person in the terminal who could give it with an understanding of its social implications, then undoubtedly a service has been rendered that should be classified as a social service and that should be recorded as such. It seems unlikely that all workers will draw these distinctions uniformly, however, until an exhaustive list of services to be included and to be excluded, respectively, has been incorporated in the national manual.

There is also some evidence to indicate that there may be lack of uniformity in the interpretation of the concept "case." No other explanation suggests itself of the wide variation in ratio of cases served to individuals served that was pointed out between Detroit, on the one hand, and St. Louis and Cleveland, on the other. Further study and additional compilations of data are needed before positive assertions regarding this point can be made.

CHAPTER VI

CARE OF DEPENDENT AND NEGLECTED CHILDREN

From the standpoint of division of function, the field of child care is more complex than any in which statistics were gathered in 1928. The statistical problem, therefore, that was the most difficult and the most important in this field was to group together the services that are homogeneous.

A preliminary analysis indicated that the work for dependent and neglected children is carried on under at least eight different organizational arrangements. Traditionally, the center of the field is occupied by the domiciliary institutions. These institutions may or may not undertake to place and to supervise children in foster-homes. Their service is supplemented, in a sense, by that provided by three special types of institutions—maternity homes, preventoria, and juvenile detention homes. Maternity homes, of course, are not typically institutions for children. Their primary service is to unmarried mothers. Nevertheless many of them continue to give care to babies for several months after the mothers are discharged. Such care does not differ in any definite way from the care given children in domiciliary institutions.

Preventoria, that is, institutions for the prevention of diseases such as tuberculosis, from one viewpoint, may be regarded as health agencies. The children they serve, however, come mainly from the homes of dependent or semidependent families. The care they receive in preventoria would have to be given, if no such institutions existed, by the ordinary domiciliary institutions or by relief agencies. Although they are few in number, these institutions may therefore be said to carry a portion of the community's responsibility for care of dependent children.

Juvenile detention homes cannot be considered institutions for delinquent children, even though many of their charges are awaiting a hearing in the juvenile court. These institutions give temporary care to many types of children—those who have run away

from home, those who have been lost, those whose parents are dead and who await a decision as to where they shall be sent for permanent care. They are in reality receiving homes for children whose own homes are unsafe or unfit and, except for the more temporary character of their service, the care they give is comparable to that provided by the domiciliary institutions.

Recent years have witnessed the rapid extension of the non-institutional services that tend to supplant the institutional method of care. Agencies engaged in non-institutional work for children are interested primarily in preserving the child's own home. Failing that, they usually try to place their charges in free foster-homes or boarding homes. Sometimes they conduct small institutions called "receiving homes" in which they give brief periods of care to children for whom they are endeavoring to find a family home.

Among these non-institutional agencies for children two relatively distinct types have developed. One concerns itself primarily with dependent children for whom provision outside their own homes must be made. These agencies are usually called child-placing organizations. The other type deals chiefly with neglected or abused children. The care they give very often does not necessitate removal of the child from its own home. They stand prepared, if necessary, to prosecute persons guilty of abuse or wilful neglect of children.

Another type of work in the children's field is provided by police women, Big Sisters, Juvenile Protective Associations, and similar organizations. These agencies commonly deal with adolescents rather than with children, and although some of their cases are delinquent many are of the group that are merely in danger of becoming delinquent. The work of these agencies may be described as protective case work for young people.

As the foregoing summary indicates, report blanks had therefore to be devised that could be applied to the following kinds of organizations for the care of children:

1. Domiciliary institutions.
2. Domiciliary institutions with child-placing programs.
3. Maternity homes.
4. Preventoria.

5. Juvenile detention homes.
6. Child-placing agencies.
7. Child-placing agencies with receiving homes.
8. Agencies providing protective case work for young people.

It was early decided that one blank could be devised for the use of all institutions in which children are domiciled. Only such basic facts were desired as the number of children given care and the number of days' care provided. This information could be assembled by means of one blank which all types of institutions could use with equal ease. If, at the close of the year, comparisons of the amounts of work done by detention homes or preventoria were desired, the reports from these institutions could be tabulated separately.

Maternity homes, however, presented a distinct problem. Their chief interest is the unmarried mother. Inclusion of data pertaining to the care given these mothers would impair the validity of the figures relative to child care. The only figures properly belonging in the children's field were those pertaining to the care given to the infants. A special schedule was therefore devised for maternity homes. On this form could be reported the care given to both mothers and babies. Some institutions retain the babies for care after the mothers have been discharged. Retention of the baby for a short time after the mother's discharge to enable her to locate employment and establish a home seemed a logical extension of maternity home service. If this care were prolonged beyond some agreed maximum period, however, the additional service given should be included in the statistics of child care. The point at which maternity home care ceases and domiciliary care of dependent children begins was set at three months subsequent to the discharge of the mother. This decision was purely arbitrary. The co-operating institutions apparently recognized a need for some such distinction, however, and if their policy provided for supplementary care for children, they submitted an additional report each month covering this extended service. Doubtless institutions here and there included babies on the maternity home report longer than was intended by the ruling. Nevertheless, much less difficulty was experienced in securing separate figures on child care than had been anticipated.

As has been indicated in the foregoing, some institutions place children in foster-homes and some child-placing agencies conduct institutions in which children can be placed for temporary care. Hence it seemed that monthly reporting might be facilitated if both child-placing and institutional care could be shown on one blank. Accordingly, in developing the schedule, the items pertaining to institutional care were listed in the lower half of the form and the upper half was reserved for items relating to the placing and supervision of children in foster-homes.

This arrangement proved to be far from satisfactory. Institutions that placed only a half-dozen children a year entered the entire population of the institution in the upper half of the card as cases awaiting placement. Obviously the number of children awaiting placement was unjustifiably increased by this practice. While every child in an institution may, from one point of view, be regarded as eligible for placement, the efforts to place these children are often much less aggressive in the case of institutions than in the case of the non-institutional agencies.

The non-institutional agencies experienced no difficulty in reporting on the lower part of the blank the care given in their receiving homes, but the items provided for the report of child-placing activities were not sufficiently inclusive. The blank made provision neither for reporting case work with children in their own homes and with the families of children removed to foster-homes or institutions nor for a distinction between applications and cases accepted for care. It sought primarily a record of the placement and the subsequent supervisory care. Not until the Memphis conference, which will be mentioned presently, was an understanding reached which enabled the non-institutional agencies to include in their reports a complete statement of their services.

The original analysis of functions was also faulty in assuming the need for a distinction between the placing of dependent and delinquent children, respectively. A schedule was developed which was originally conceived as a report blank for agencies engaged either in placing delinquent children or in providing a protective case work service. While a distinct form was needed for agencies engaged in protective case work such as Big Brothers and Big Sisters, the arbi-

trariness of attempting to report separately the placements of dependent and delinquent children, respectively, soon became apparent. It is difficult to draw any distinction that seems significant between dependent and delinquent children. Moreover, agencies do not have one established policy with regard to delinquents and another with regard to dependents. By and large they place either type primarily on the basis of finding an environment in which adjustment will be satisfactory. Hence there seems little logical justification in trying to assemble separate figures on the placements of the two classes of children.

Perhaps before discussing the details of the report blanks, it will be well to set forth the conclusions finally reached with regard to the allocation of the eight functions to specific schedules. The decisions were not reached until May, when a meeting of local supervisors was held in conjunction with the National Conference of Social Work in Memphis. The supervisors pointed out that no difficulties arose in connection with the reports of institutions, including preventoria and juvenile detention homes, unless these institutions were also engaged in child-placing. They also said the policy with regard to maternity homes was clear and, in their judgment, logically justifiable. The only problem in that connection was one of inducing maternity homes to report on the child care blanks rather than on the maternity home schedule the service rendered to infants whose mothers had been discharged at least three months.

With regard to institutions engaged in child-placing, opinions differed. Some believed these institutions should include as children available for placement the entire population of the institution. Others thought it would be better to ask institutions to include in the child-placing report only those children whose placements were pending. The final decision, while perhaps open to doubt, at least made for uniformity. It was agreed that institutions should include their entire population in the child-placing report. Since the institutional figure appeared as a separate item, it could later be eliminated from the tabulations if it seemed to cast doubt on the resulting totals. At the close of the year when the figures were being tabulated, this elimination was actually made. It had become clear by that time that to include in foster-home figures a count of chil-

dren in institutions that were presumably awaiting placement distorted the data relating to placements.

The discussion at Memphis centered chiefly, however, around the non-institutional agencies. Most of these organizations deal with families. A few, more particularly those providing protective case work service for adolescents, consider each individual a case. Moreover, some organizations lay stress upon case work with families of children in foster-homes or institutions in the hope of restoring home life. The final decision was to report in the upper section of the child care schedule the placement service and supervisory care given by non-institutional agencies to children outside their own homes. On the schedule for protective case work was to be entered the case work service provided for children in their own homes or for the families of children placed out. Moreover, the latter form was also to be used by agencies engaged in protective case work for adolescents. It was understood that these reports, in which the individual is the unit of count, were to be tabulated separately.

The allocation of agencies to schedule fields resulting from the Memphis conference indicated that 453 reports should be received each month in the field of child care. These reports were distributed among five functional divisions: detention home care, institutions for dependent children, foster-home care, case work for dependent or neglected children and their families, and protective case work for young people. More than half of the total number of reports in the field were to be submitted by institutions. Of the 255 reports expected from institutions, 225 were actually received. Eighteen of the 55 Chicago institutions failed to co-operate. Four agencies in Indianapolis, 3 in Des Moines, 2 each in Scranton and Richmond, and 1 in Canton likewise failed to supply the desired data.

Thirteen of the 18 juvenile detention homes in the area submitted reports. Those from which no figures were secured were in Akron, Des Moines, Indianapolis, Scranton, and St. Louis. Eleven cities reported that they had no juvenile detention homes. This raised a question as to what provision is made in those cities for children awaiting a hearing from the juvenile court who cannot be allowed to remain in their own homes. Are some perhaps allowed to remain in

jails or police stations or are they cared for by domiciliary institutions whose service to these children is thus obscured in the report of total institutional service?

The non-institutional agencies engaged in placing and supervising children outside their own homes responded cordially to the plan of central reporting. All but 11 participated. Except for Chicago and Indianapolis, the child-placing work of the area was completely reported.

The figures submitted by the agencies engaged in protective case work for children and adolescents are not included in this chapter. Eight of these agencies used the family rather than the child as their unit of count. This fact was not learned until several months had elapsed and it was then impossible to obtain a satisfactory adjustment of the figures. Several other disparities were discovered when the data were tabulated, and it therefore seemed wisest not to publish the tables for general distribution.

In only one respect was the field of child care less difficult to delimit than the field of family welfare. Family welfare is a term that has become a sort of catchall for marginal agencies of all sorts. No such situation prevails in the field of child care. The state has concerned itself with children's work to a much greater degree than with family work. Licensing and inspection have borne fruit. The result is that the indiscriminate benevolence found in the family field has largely disappeared from the field of child care. The agencies that remain are in vast majority dependable organizations with relatively dependable incomes and with continuity of service.

While the allocating of child care functions to the various schedules proved the most difficult problem in the field, the selection of items for the report blanks and the definitions of terms also presented serious obstacles. In general the policy was to follow the terminology of the schedule devised by the Child Welfare League of America.[1]

This schedule had been very carefully planned and would, if accurately filled out, supply a mass of valuable data. An agency that filled out the service figures only (not the financial data) would

[1] This report form was developed by Miss Georgia Ralph under the guidance of an advisory committee appointed by the Child Welfare League of America.

have to supply eighty-eight different figures each month. Most agencies proved either unwilling or unable to do this. The schedule provided a very clear analysis of the field of child care under the following headings: (1) Reception Service (Application and Complaints); (2) Foster-Home Finding; (3) Movement of Population. According to the original plan the schedule provided also for a detailed classification each month of children in care. Subsequently this analysis was made a fourth section of the schedule with the proviso that it was to be filled out at the close of the year only. This increased by forty-two items the December report but did make available once each year an analysis of cases in care on a given day. All items of the first section called for both children and families. All items of section 3 and of the supplementary section called for children and mothers, the latter being subdivided into married and unmarried mothers, respectively. The immediate task was to abstract from this schedule the minimum number of items that would give a measure of the volume of child care.

The development of the report form for institutions was relatively simple. Seven items proved sufficient for this purpose. In addition to the usual items that make for an arithmetical balance from month to month (carry-over, intake, discharges, and carry-forward), the capacity on the last day of the month and the number of days' care given were requested. No attempt was made to secure figures relative to the number of families represented by the children served in institutions. Ordinarily, admissions are subdivided to show the number of beneficiaries that are new to the institution and the number readmitted following a discharge in the current year and in a former year, respectively. This division makes it possible to compute the number of different children served by the institution during the year. Advice received from persons familiar with the field indicated that in the children's institutions the volume of readmissions was comparatively small. Accordingly, for the sake of brevity the report blank asked for total admissions only.

The only question raised during the year by institutions was with regard to discharges. Several asked whether they should include runaways. The decision was to carry runaways in the report until they had been actually dropped from the register. Organizations

were asked, however, not to include runaways in the count of days' care after the day of their disappearance. A similar decision was made in the case of children sent to hospitals for treatment. Because of the apparent ease with which the figures were supplied each

TABLE XXXI

SUMMARY OF CHILDREN IN INSTITUTIONS FOR DEPENDENT CHILDREN DURING 1928

METROPOLITAN AREA	CHILDREN IN INSTITUTIONS FOR DEPENDENT CHILDREN: 1928			
	Number under Care January 1 (1)	Admissions during the Year (2)	Discharges during the Year (3)	Number under Care on December 31 (4)
Total for 21 cities	11,851	11,363	11,335	11,879
Akron	213	312	278	247
Buffalo	1,576	1,229	1,244	1,561
Canton	59	119	127	51
Cincinnati	1,137	1,616	1,585	1,168
Cleveland	1,341	2,032	2,027	1,346
Columbus†	203	*	*	*
Dayton	377	221	255	343
Denver	1,188	1,139	1,161	1,166
Detroit	1,400	938	950	1,388
Grand Rapids	180	352	345	187
Harrisburg	133	99	101	131
Lancaster	69	35	44	60
Minneapolis	383	483	518	348
Newark	686	255	226	715
New Orleans	1,581	1,022	1,026	1,577
Omaha	386	368	352	402
Reading	163	69	73	159
Sharon	20	21	23	18
Sioux City	314	457	463	308
Springfield, Ill.	151	163	121	193
Springfield, Ohio†	159	*	*	*
St. Paul	299	121	133	287
Wichita	195	312	283	224

* Not reported. † Not included in total.

month, the data regarding institutional care inspire greater confidence than do the figures in the other divisions of the field of child care.

On the first of January 11,851 children were in institutions for dependent children in 21 cities, as is indicated by Table XXXI. During the year 11,363 were admitted to institutions. Since the report did not require a separation of readmissions that would show

the number whose prior discharge occurred within the calendar year, it is impossible to say whether the 11,363 admissions represented 11,363 different children. Moreover, there is no way in which to determine how many of the 11,851 under care on January 1 subsequently appeared in admissions.

The total number of dependent children in institutions on the first day of each month varied as follows during 1928: January, 11,843; February, 12,043; March, 12,103; April, 12,157; May, 12,185; June, 12,231; July, 11,695; August, 11,811; September, 11,743; October, 11,903; November, 11,976; December, 12,001. Twenty-one cities are included in these totals. The lower figures during the summer months may be due to an exodus to farms. Presumably these children are still "under care" but are reported as placed in foster-homes during the summer. Organized summer camps for underprivileged and dependent boys and girls were included as institutions.

Table XXXII shows that the relative number of children in institutions for dependent children was largest in Denver, New Orleans, and Sioux City. In Denver the number was 39.8 per ten thousand population, while in Sharon it was only 3.5 and in Columbus only 6.2 per ten thousand. Variations in these numbers may be due either to variations in the total numbers of dependent children or to differences in methods of caring for such children. Table XLI indicates that in Sioux City *all,* in New Orleans almost all, and in Denver a large proportion of dependent children were cared for in institutions. Other cities, such as Columbus, placed large proportions of their dependent children in foster-homes, and the numbers in institutions were comparatively small.

The ratio of average admissions to average number under care on the first of the month is an index of the rapidity of turnover of population. A large figure in column 3 of Table XXXIII indicates short periods of stay for the children who are admitted. Small numbers under care on the first of the month (Table XXXII) associated with high rates of turnover in this table may indicate, not a relatively small number of dependent children in the city, but rather a tendency to use institutions for temporary care only and to remove children promptly to foster-homes or other types of care. Thus in Table

XXXII Minneapolis appeared to have a relatively small number of dependent children in institutions. Table XXXIII indicates that children in Minneapolis did not stay as long in institutions as in

TABLE XXXII

AVERAGE NUMBER OF CHILDREN IN INSTITUTIONS FOR DEPENDENT CHILDREN ON THE FIRST OF THE MONTH DURING THE YEAR 1928 AND NUMBER PER TEN THOUSAND POPULATION

METROPOLITAN AREA	AVERAGE NUMBER OF CHILDREN IN INSTITUTIONS FOR DEPENDENT CHILDREN ON THE FIRST OF THE MONTH: 1928	
	Number (1)	Number per Ten Thousand Population (2)
Total for 22 cities	12,182	15.4
Akron	229	8.8
Buffalo	1,593	21.9
Canton	60	5.0
Cincinnati	1,172	22.4
Cleveland	1,374	11.7
Columbus	209*	6.2
Dayton	359	16.4
Denver	1,170	39.8
Detroit	1,426	8.8
Grand Rapids	183	10.2
Harrisburg	134	13.1
Lancaster	68	11.1
Minneapolis	372	8.1
Newark	708	15.0
New Orleans	1,586	37.0
Omaha	396	18.4
Reading	158	10.7
Sharon	19	3.5
Sioux City	297	37.1
Springfield, Ill.	173	26.2
St. Paul	296	11.2
Wichita	200	22.2

* Average based on reports for six months only.

certain other cities, and for that reason the number under care at any one time was small. Sioux City, on the other hand, had both a high turnover and a relatively large number under care on the first of the month. In relative numbers of dependent children cared for in institutions, Sioux City without doubt heads the list. Canton and Grand Rapids reported the highest rates of turnover, and Newark and St. Paul the lowest.

The figures submitted by detention homes also were subject to relatively few inaccuracies, though there is some reason to believe that cities which reported no detention homes may have included this type of work in the reports submitted by the domiciliary institutions.

TABLE XXXIII

NUMBER OF CHILDREN ADMITTED TO INSTITUTIONS FOR DEPENDENT CHILDREN COMPARED WITH NUMBER UNDER CARE ON THE FIRST OF THE MONTH: 1928

METROPOLITAN AREA	CHILDREN IN INSTITUTIONS FOR DEPENDENT CHILDREN: 1928		
	Average Number under Care on First of Month (1)	Average Number of Admissions per Month (2)	Number of Admissions per Hundred under Care on First of Month (3)
Total for 22 cities	12,182	964	7.9
Akron	229	26	11.4
Buffalo	1,593	102	6.4
Canton	60	10	†
Cincinnati	1,172	135	11.5
Cleveland	1,374	169	12.3
Columbus	209*	18*	8.6
Dayton	359	18	5.0
Denver	1,170	95	8.1
Detroit	1,426	78	5.5
Grand Rapids	183	29	15.8
Harrisburg	134	8	6.0
Lancaster	68	3	†
Minneapolis	372	40	10.8
Newark	708	21	3.0
New Orleans	1,586	85	5.4
Omaha	396	31	7.8
Reading	158	6	3.8
Sharon	19	2	†
Sioux City	297	38	12.8
Springfield, Ill.	173	14	8.1
St. Paul	296	10	3.4
Wichita	200	26	13.0

* Figure based on six months only. † Less than 100 under care on first of month.

Table XXXIV shows the year's movement of population of detention homes. Admissions and discharges were practically equal. The table seems to indicate divergent policies in the various cities with regard to the length of time children are retained for care. Buffalo, Columbus, Dayton, and Springfield, Ohio, reported small numbers under care on the two specific days shown, with total admissions and discharges that imply a considerable volume of serv-

ice. The figures for Springfield, Illinois, on the other hand, show numbers on the two specific dates that are very large in proportion to the total service rendered during the year. Table XXXVI throws further light on these differences.

As Table XXXV and Chart VII indicate, in 12 cities 339,416 days' care were given in juvenile detention homes during 1928. This amounts to 41.0 days per thousand population. The several cities, however, varied widely in relative use of their detention

TABLE XXXIV

CHILDREN IN JUVENILE DETENTION HOMES DURING THE YEAR 1928

METROPOLITAN AREA	CHILDREN IN JUVENILE DETENTION HOMES DURING THE YEAR 1928			
	Number under Care on January 1 (1)	Admissions during the Year (2)	Discharges during the Year (3)	Number under Care on December 31 (4)
Total for 13 cities..	756	26,879	26,791	844
Buffalo	8	620	618	10
Chicago	191	9,215	9,202	204
Cincinnati	16	1,574	1,572	18
Cleveland	79	3,180	3,154	105
Columbus	8	1,402	1,394	16
Dayton	7	811	814	4
Detroit	264	7,591	7,575	280
Grand Rapids	62	692	684	70
Omaha	38	466	468	36
Richmond	15	688	684	19
Springfield, Ill.	37	45	47	35
Springfield, Ohio	0	391	390	1
Wichita	31	204	189	46

homes. In Springfield, Illinois, 201.7, in Grand Rapids, 139.8, and in Wichita, 108.3 days' care per thousand population were reported. At the other extreme, Buffalo reported only 9.9 days' care per thousand population.

Table XXXVI shows that in 13 cities the number of admissions per month averaged 2.5 for every case under care on the first of the month. Springfield, Ohio, with a relatively small number of children under care at any time, showed a rapid turnover of cases. The figure for Cincinnati also indicates short periods of detention. In Springfield, Illinois, Wichita, and Grand Rapids, the figures indicate the slowest rates of turnover. In other words, the large num-

CHART VII

NUMBER OF DAYS' CARE PER THOUSAND POPULATION GIVEN TO CHILDREN IN JUVENILE DETENTION HOMES DURING 1928

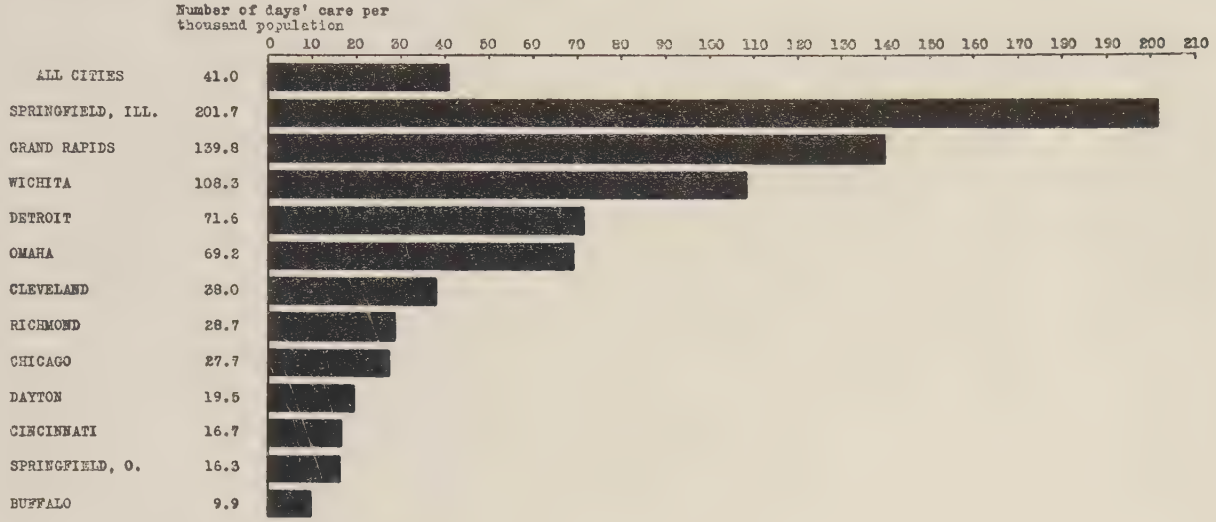


TABLE XXXV

NUMBER OF DAYS' CARE GIVEN TO CHILDREN IN JUVENILE DETENTION HOMES DURING THE YEAR 1928 AND NUMBER PER THOUSAND POPULATION

METROPOLITAN AREA	DAYS' CARE GIVEN TO CHILDREN IN JUVENILE DETENTION HOMES DURING 1928	
	Number (1)	Number per Thousand Population (2)
Total for 12 cities	339,416	41.0
Buffalo	7,216	9.9
Chicago	86,695	27.7
Cincinnati	8,760	16.7
Cleveland	44,592	38.0
Dayton	4,274	19.5
Detroit	116,554	71.6
Grand Rapids	25,155	139.8
Omaha	14,884	69.2
Richmond	7,036	28.7
Springfield, Ill	13,310	201.7
Springfield, Ohio	1,189	16.3
Wichita	9,751	108.3

TABLE XXXVI

NUMBER OF ADMISSIONS TO JUVENILE DETENTION HOMES COMPARED WITH NUMBER UNDER CARE ON THE FIRST OF THE MONTH: 1928

METROPOLITAN AREA	CHILDREN IN JUVENILE DETENTION HOMES: 1928		
	Average Number under Care on the First of the Month (1)	Average Number of Admissions per Month (2)	Number of Admissions per Case under Care on First of Month (3)
Total for 13 cities	911	2,240	2.5
Buffalo	17	52	3.1
Chicago	235	768	3.3
Cincinnati	16	131	8.2
Cleveland	110	265	2.4
Columbus	21	117	5.6
Dayton	10	68	6.8
Detroit	306	633	2.1
Grand Rapids	69	58	0.8
Omaha	41	39	1.0
Richmond	18	57	3.2
Springfield, Ill	38	4	0.1
Springfield, Ohio	2	33	16.5
Wichita	29	17	0.6

ber of days' care given in these 3 cities was perhaps due to the fact that children were held a relatively long time. This might mean that the detention home was being used as a place of treatment or that court calendars were so crowded that cases could not be quickly disposed of.

In 13 cities the average number of children in detention homes on the first of the month was 10.6 per hundred thousand population, as

TABLE XXXVII

AVERAGE NUMBER OF CHILDREN IN JUVENILE DETENTION HOMES ON THE FIRST OF THE MONTH DURING 1928 AND AVERAGE NUMBER PER HUNDRED THOUSAND POPULATION

METROPOLITAN AREA	AVERAGE NUMBER OF CHILDREN IN JUVENILE DETENTION HOMES ON THE FIRST OF THE MONTH DURING 1928	
	Number (1)	Number per Hundred Thousand Population (2)
Total for 13 cities	911	10.6
Buffalo	17	2.3
Chicago	235	7.5
Cincinnati	16	3.1
Cleveland	110	9.4
Columbus	21	6.2
Dayton	10	4.6
Detroit	306	18.8
Grand Rapids	69	38.3
Omaha	41	19.1
Richmond	18	7.3
Springfield, Ill.	38	57.6
Springfield, Ohio	2	2 7
Wichita	29	32.2

indicated in Table XXXVII. The largest number, 57.6 per hundred thousand in Springfield, Illinois, indicates that long periods of detention were not entirely responsible for the extensive use of the detention home in that city. The number detained was also relatively high. Wichita and Grand Rapids are also high in column 2 of this table. In Grand Rapids, however, the bed capacity of the detention home is adequate to provide for the relatively large numbers of children under care, while in Wichita the capacity appears to be unequal to the task.

The figures submitted by child-placing agencies can be presented with less confidence than those set forth in the foregoing. In developing a schedule it appeared desirable to provide for an analysis of the total case load on some given day of the month. Accordingly, the cases carried over on the first of the month were subdivided into: (1) number in institutions; (2) in foster-homes; (3) elsewhere. A subdivision of the cases in foster-homes was also requested to show the number (1) in boarding homes; (2) in free, wage, or working homes, or awaiting adoption; (3) with mothers in wage homes.

Agencies find it difficult to draw a line between free homes and working homes, but since both were included in the same item this problem did not arise in connection with the monthly reports. Furthermore, it is often difficult to distinguish between a boarding home and a small institution. If a considerable number of children are boarded in one home, the life can readily take on an institutional character. However, no specific case in which this decision had to be made was brought to the attention of the central office.

Experience showed that it probably would have been better to request the analysis of case load as of the last day of the month rather than as of the first. The reports were filled out shortly after the close of the month, and failures to balance could be straightened out with less difficulty if they had to be traced back only to the close of the month rather than to the first of the preceding month.

The child-placing agencies were not expected to report both the numbers of children and the numbers of families. Only the number of "cases" was requested. Although the term "case" was not specifically defined in the instructions, the intention was to count each child as a case. This interpretation was definitely adopted at the Memphis conference.

The report blank did not provide for any distinction between pending applications and cases accepted for care. Agencies that are departmentalized were therefore obliged to combine the figures of the two departments. A considerable proportion of the carried-over cases reported under "elsewhere" can undoubtedly be attributed to this inclusion of pending applications since there was no other subitem in which they could be entered.

The instructions stated that if more than 20 per cent of the cases came from outside the metropolitan area the report blank should cover only the cases arising within the area. For some agencies this constituted a real problem. A number of cities in the registration are the headquarters of state-wide child-placing agencies. Not only do they place local children in other communities in the state, but they also place in local institutions or foster-homes children accepted from other parts of the state. Since most of these organizations keep their statistics on the basis of total case load, it was frequently difficult for them to divide their figures in such a way as to give data that pertained only to the children who had legal residence within the metropolitan area. Numerous inquiries about this matter reached the central office. Agencies were advised that children brought to a city either for institutional care or for foster-home care should not for purposes of the monthly report be regarded as residents.

The state-wide societies were requested to include in their case count local children whom they placed in other communities so long as they continued to supervise the case. Some of these state-wide agencies are organized with local branches. If the supervision of a case was turned over to a local branch in another community, the agency was advised that the case might be closed so far as the monthly report blank is concerned. The principle followed here was that turning the supervision of a child over to a local branch in another city was not basically different from turning it over to an agency entirely unaffiliated with the state headquarters.

Unlike the schedule for institutions, the report blank for child-placing subdivided intake into new cases, cases reopened from a former calendar year, and cases reopened from a previous month of the current calendar year. Very frequently these items were left blank by the reporting agencies. Inability to supply these figures is not unique, however, in the field of child care. Throughout the entire case work field and, to a somewhat less degree, in the institutional field, there is a surprising lack of ability to supply these data, which alone make possible the computation of the total number of different cases or individuals served during the year.

In addition to the usual items of carry-over, intake, and dis-

charges, the child-placing schedule asked for the number of days' care given to children in boarding homes and the amount in dollars paid by the agency for the board of children. The latter item caused some confusion. Agencies were asked to include only the money paid from their own funds. This omitted any money received from natural sources, such as relatives. In the family welfare field a study of this question indicated that funds received from natural sources should probably be included as relief in case the money actually passed through the books of the agency. By analogy it would seem that the case worker who spends a part of her time in prevailing upon relatives to discharge their obligations toward children should include in her relief report the money she succeeds in collecting. The decision here, as in the family welfare field, should probably depend upon whether the money actually passes through the books of the agency. If a worker suggested to a parent that he pay a child's board and if that parent sent the money direct to the boarding mother each week, there would seem little justification for including such funds in the relief report of the organization.

A further complication with regard to board arose because of an arrangement in some cities by which private agencies administer boarding funds for public departments. The instructions accompanying the report blank suggested that such funds be reported by one of the agencies but not by both of them and that it be determined by mutual agreement which was to include the figure. This suggestion was very little heeded. Experience indicated that it was unwise to rely upon agencies to make agreements locally as to the reporting of given items. The better policy was to include on the schedule items that would show the extent of duplication and to make the necessary adjustments in the central office of the bureau. The attempt was made in 1929 to work out the problem on this basis.

The figures reported by child-placing agencies appear in the following tables. It should be borne in mind that the reports submitted by most agencies included pending applications as well as cases actually accepted for placement or already under supervision in foster-homes. Therefore, in order to make the figures comparable, pending applications and children in institutions awaiting place-

ment were disregarded and all tables were based upon numbers of children actually receiving supervision in foster-homes. The tables,

TABLE XXXVIII

AVERAGE NUMBER OF CHILDREN IN FOSTER-HOMES ON THE FIRST OF THE MONTH DURING 1928 AND NUMBERS PER TEN THOUSAND POPULATION

METROPOLITAN AREA	AVERAGE NUMBER OF CHILDREN IN FOSTER-HOMES ON THE FIRST OF THE MONTH DURING 1928	
	Number (1)	Number per Ten Thousand Population (2)
Total for 25 cities	10,618	11.3
Akron	81	3.1
Buffalo	1,187	16.3
Canton	86	7.0
Cincinnati	726	13.9
Cleveland	1,687	14.4
Columbus	403*	11.9
Dayton	230	10.5
Denver	542	18.4
Des Moines	37	2.3
Detroit	2,223	13.7
Grand Rapids	100	5.6
Harrisburg	206	20.2
Lancaster	91	14.9
Minneapolis	627	13.7
Newark	171	3.6
New Orleans	29	0.7
Omaha	235	10.9
Reading	93	6.3
Richmond	10	0.4
Scranton	53†	3.2
Sharon	17	3.1
Springfield, Ill.	97	14.7
St. Louis	919†	9.5
St. Paul	509	19.4
Wichita	259	28.8

* Figure based on six months only.

† Figure based on nine months only.

therefore, while they omit certain aspects of child-placing work are believed to be accurate with regard to foster-home care.

For 25 cities the average number of children in foster-homes on the first of the month was 10,618, or 11.3 per ten thousand population, as is indicated by Table XXXVIII. For the several cities the

numbers range from less than 1 per ten thousand in Richmond and New Orleans, to 28.8 per ten thousand in Wichita.

Table XXXIX indicates that, among children in foster-homes, the majority were in boarding homes. In 23 cities 64.8 per cent were in boarding homes, 34.7 per cent were in free, wage, or working

TABLE XXXIX

PERCENTAGE DISTRIBUTION OF DEPENDENT CHILDREN IN FOSTER-HOMES, AMONG BOARDING HOMES, FREE HOMES, AND OTHER HOMES: 1928

METROPOLITAN AREA	PERCENTAGE DISTRIBUTION OF DEPENDENT CHILDREN IN FOSTER-HOMES: 1928		
	In Boarding Homes (1)	In Free, Wage, or Working Homes (2)	With Mothers in Wage Homes (3)
Total for 23 cities§	64.8	34.7	0.5
Buffalo*	78.6	21.4	0
Cincinnati	45.0	55.0	0
Cleveland	71.2	28.8	0
Columbus†	57.0	42.3	0.7
Dayton	59.7	39.9	0.4
Denver	16.8	82.9	0.3
Detroit	75.1	24.9	0
Grand Rapids	44.6	55.4	0
Harrisburg	69.9	28.8	1.3
Minneapolis	73.9	25.7	0.4
Newark	67.1	31.7	1.2
St. Louis‡	79.1	20.6	0.3
St. Paul	48.6	49.7	1.7
Wichita	19.2	71.6	9.2

* Based on reports for eleven months only.

† Based on reports for six months only.

‡ Based on reports for nine months only.

§ Total includes cities not separately shown because of small numbers. These are Akron, Canton, Des Moines, Lancaster, New Orleans, Reading, Richmond, Sharon, and Springfield, Illinois.

homes, and less than 1 per cent were in homes in which their mothers were working for wages. Among the larger cities there was wide variation in practice, ranging from 16.8 per cent in boarding homes in Denver to 79.1 per cent in St. Louis.

Table XL relates to day's care in boarding homes and to amounts paid for board of children. Harrisburg, with 518 days' care per thousand population reported the greatest relative use of boarding homes during the year; Richmond, with 16, reported the smallest.

In 19 cities the total amount paid by child-placing agencies for board in family homes was $921,873, or $129 per thousand population. Amounts paid ranged from $4 per thousand population in

TABLE XL

NUMBER OF DAYS' CARE GIVEN TO CHILDREN IN BOARDING HOMES DURING 1928, AMOUNT PAID BY AGENCIES FOR BOARD, AND AMOUNT PAID PER THOUSAND POPULATION

METROPOLITAN AREA	DAYS' CARE GIVEN TO CHILDREN IN BOARDING HOMES DURING 1928		AMOUNT PAID BY AGENCIES FOR BOARD OF CHILDREN IN BOARDING HOMES DURING 1928*	
	Number (1)	Number per Thousand Population (2)	Amount (3)	Amount per Thousand Population (4)
Total for 19 cities	2,077,350	290	$921,873	$129
Akron	23,620	91	996	4
Buffalo	343,769	473	214,945	296
Canton	31,603	259	455	4
Cincinnati	120,420	230	12,362	24
Cleveland	423,455	361	114,849	98
Dayton	48,500	221	18,019	82
Denver	28,331	96	19,953	68
Des Moines	5,011	31	4,012	25
Detroit	621,222	382	385,554	237
Grand Rapids	16,905	94	10,916	61
Harrisburg	52,884	518	25,943	254
Lancaster	15,701	257	7,369	121
Minneapolis	193,520	422	41,520	90
Newark‡	42,269	89	†	†
New Orleans	10,252	24	5,571	13
Reading	21,383	144	2,573	17
Richmond	4,000	16	2,890	12
Sharon‡	1,157	21	†	†
Springfield, Ill.	14,248	216	9,472	144
St. Louis‡	258,503	268	†	†
St. Paul	79,870	304	32,692	124
Wichita	22,656	252	11,783	131

* Variation in amount may be partly explained by amounts paid by parents or relatives which are not included in this table.

† Not reported. ‡ Not included in total.

Akron and Canton to $296 per thousand in Buffalo. Since the amount reported was the amount paid by the agency only and did not include collections from parents or relatives, these figures do not represent the total cost of boarding children in any of these

cities. They do represent, however, the total expenditure by public and private social agencies.

Comparisons of numbers of dependent children under care outside their own homes can be made only by combining the figures

TABLE XLI

NUMBER OF DEPENDENT CHILDREN IN FOSTER-HOMES AND INSTITUTIONS ON THE FIRST OF THE MONTH AND PERCENTAGE IN INSTITUTIONS DURING 1928

METROPOLITAN AREA	DEPENDENT CHILDREN UNDER CARE OUTSIDE THEIR OWN HOMES: 1928		
	Average Number under Care on First of Month		Percentage in Institutions (3)
	In Institutions (1)	In Foster-Homes (2)	
Total	12,182	9,599	55.9
Akron	229	81	73.9
Buffalo	1,593	1,187	57.3
Canton	60	86	41.1
Cincinnati	1,172	726	61.7
Cleveland	1,374	1,687	44.9
Columbus	209	403	34.2
Dayton	359	230	61.0
Denver	1,170	542	68.3
Detroit	1,426	2,223	39.1
Grand Rapids	183	100	64.7
Harrisburg	134	206	39.4
Lancaster	68	91	42.8
Minneapolis	372	627	37.2
Newark	708	171	80.5
New Orleans	1,586	29	98.2
Omaha	396	235	62.8
Reading	158	93	62.9
Sharon	19	17	*
Sioux City	297	0	100.0
Springfield, Ill.	173	97	64.1
St. Paul	296	509	36.8
Wichita	200	259	43.6

* Less than 100 under care.

pertaining to institutional care and to foster-home care. These figures, which appear in Tables XLI and XLII, are represented graphically in Charts VIII and IX. The figures used were the numbers under care on the first of the month. Hence no duplication is possible since a child could not be reported under care both in an institution and in a foster-home at the same time.

In an area comprising 22 cities, an average of 21,781 dependent children, or 27.1 per ten thousand population, were under care outside their own homes on the first of the month. In proportion to its

TABLE XLII

AVERAGE NUMBER OF DEPENDENT CHILDREN UNDER CARE OUTSIDE THEIR OWN HOMES* ON THE FIRST OF THE MONTH DURING 1928 AND NUMBERS PER TEN THOUSAND POPULATION

METROPOLITAN AREA	AVERAGE NUMBER OF DEPENDENT CHILDREN UNDER CARE OUTSIDE THEIR OWN HOMES ON THE FIRST OF THE MONTH: 1928	
	Number (1)	Number per Ten Thousand Population (2)
Total for 22 cities	21,781	27.1
Akron	310	11.9
Buffalo	2,780	38.2
Canton	146	12.2
Cincinnati	1,898	36.3
Cleveland	3,061	26.1
Columbus	612†	18.1
Dayton	589	26.9
Denver	1,712	58.2
Detroit	3,649	22.4
Grand Rapids	283	15.7
Harrisburg	340	33.3
Lancaster	159	26.1
Minneapolis	999	21.8
Newark	879	18.6
New Orleans	1,615	37.6
Omaha	631	29.3
Reading	251	17.0
Sharon	36	6.5
Sioux City	297	37.1
Springfield, Ill.	270	40.9
St. Paul	805	30.6
Wichita	459	51.0

* Includes children in institutions and foster-homes. See Table XLI.

† Average for six months only.

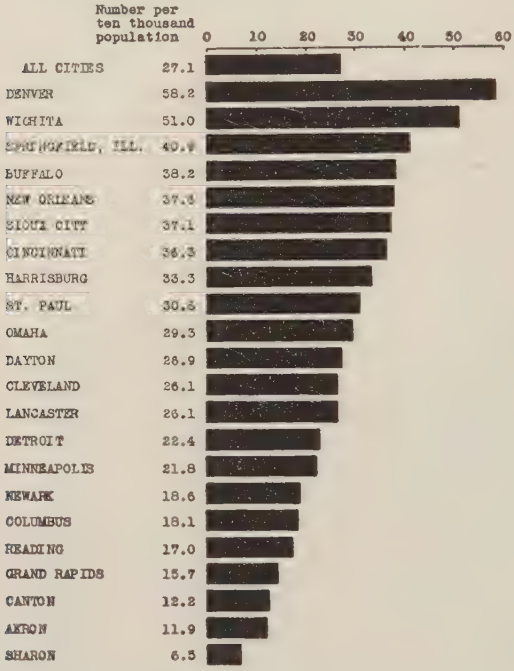
population, Denver had the largest number of dependent children under care outside their own homes and Sharon the smallest number. The figures for the two cities are 58.2 and 6.5, respectively. In the area as a whole 44.1 per cent of the dependent children were in foster-homes during 1928, and 55.9 per cent were in institutions.

The percentage in institutions ranged from 34.2 in Columbus to 100.0 in Sioux City. The largest proportions cared for in foster-homes were in Columbus, St. Paul, and Minneapolis.

At present the chief desideratum in the statistics of child care is to standardize the reports of the non-institutional agencies. Meas-

CHART VIII

AVERAGE NUMBER OF DEPENDENT CHILDREN PER TEN THOUSAND POPULATION UNDER CARE OUTSIDE THEIR OWN HOMES ON THE FIRST OF THE MONTH DURING 1928

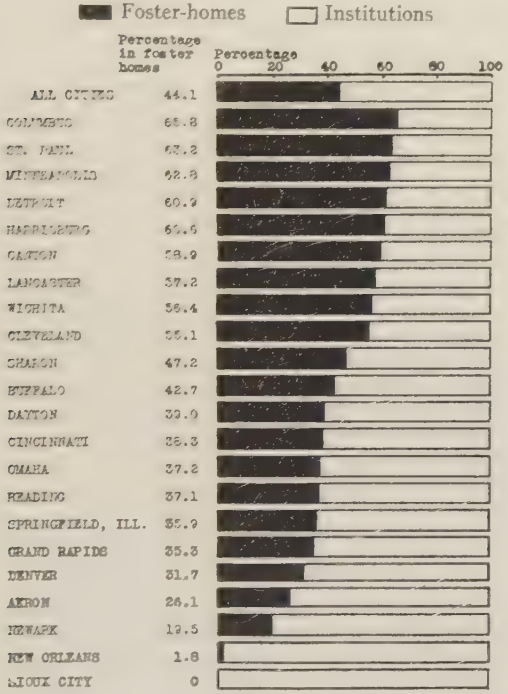


urements of institutional care and of foster-home care will yield to patient labor, but the application of a yardstick to the case work aspects of child welfare presents perplexing difficulties. Chief among these is the problem of drawing a clear distinction between generalized family case work and the specialized case work of agencies that care for children in their own homes. A need of equal importance is to reach an agreement either that the case work process for

children is unitary or that it is composed of functions which should be separately counted. Stated in more familiar terms, this means that at present some agencies keep distinct figures on the work of the department handling applications and complaints and on the

CHART IX

PERCENTAGE DISTRIBUTION OF DEPENDENT CHILDREN IN FOSTER-HOMES AND INSTITUTIONS DURING 1928



work of the department handling cases that have been formally accepted for care. Other agencies make no distinction of this kind. These divergent methods of measurement, of course, invalidate comparisons in the field of children's case work except among agencies that are definitely known to adhere either to one plan or to the other.

CHAPTER VII

INSTITUTIONAL CARE OF ADULTS

To devise report forms that will show the volume of work done by institutions is comparatively simple. The problem of definition that makes this task so difficult in the case of non-institutional agencies does not have to be faced. One individual given care for one day is a commonly accepted unit of measurement. The problem in institutional statistics is to persuade the agencies to keep the type of basic records of population that will insure accuracy. Two forms for the domiciliary care of adults were considered necessary—one for maternity homes (Form 16) and one for institutions for the aged, indigent, or chronically ill (Form 15).

Since maternity homes in the main provide domiciliary care for unmarried mothers through the late period of pregnancy, during and for a reasonable period after delivery, the definition of the field seemed to present few difficulties. Soon after the report blank had been circulated, however, numerous requests for interpretations were received in the central office.

Some maternity homes do not confine their efforts to the unmarried mother group, but provide a lying-in service on a pay basis that is available to the community at large. To include the total figures of such institutions would destroy the value of intercity comparisons. An investigation indicated that these combination homes and hospitals usually house the unmarried mothers in separate quarters. The lying-in cases receive only delivery service and *post partum* care and therefore do not need to occupy the more permanent types of living quarters that must be provided for the unmarried mothers. Hence the maternity homes that also function as lying-in hospitals were asked to include in the monthly report only the service given in the unmarried mother department. A separate report on the lying-in service was requested on the form for hospital in-patient service (Form 17). In one or two cases in which separate quarters were not provided, local supervisors were requested to reach an

agreement with the institution on the basis of which either an actual division of figures could be made or, failing that, a reasonably accurate estimate of the amounts of the two kinds of service provided.

In a few cities the hospitals presented a similar problem. Some of them give a service in their maternity wards that is not unlike that provided by maternity homes. This situation is particularly likely to occur in small cities that do not have special institutions for unmarried mothers. Here a similar arrangement was suggested. Hospitals were asked to report their total service on the blank for hospital in-patient service (Form 17) except that the cases of unmarried mothers were to be subtracted from the total and reported on the blank for maternity homes (Form 16).

The difficulty in distinguishing between a complete maternity home service and the extension of that service which occurs if infants are retained for care long after the discharge of the mother has been discussed in chapter vi. The ruling in this case was that infants should be included in the maternity home report (Form 16) for only three months after the discharge of the mother, and that they should thereafter be included in the report of institutional care of dependent children (Form 6). It cannot be stated with confidence that this ruling was consistently observed by the co-operating institutions.

In one or two instances a question arose relative to temporary shelter provided by maternity homes. Comparatively few cities have institutions in which transient or homeless women can be given temporary care. Accordingly maternity homes, when not filled to capacity, have sometimes declared their willingness to give temporary shelter to stranded girls and women. This service is necessarily of limited extent, and institutions were asked not to include it in their maternity home report. If, however, they expressed a desire to report this service or if the volume reached considerable proportions, the suggestion was made that it be reported on the lodging-house blank (Form 14).

The most perplexing problem in this field was the allocation of the case work service for unmarried mothers. This service is sometimes provided by special workers employed by the maternity homes and is sometimes in the hands of distinct agencies which

send girls to the institution and after the confinement undertake to work out satisfactory adjustments for them. In hospitals such cases are likely to fall under the jurisdiction of medical-social workers. Thus, since an identical service was rendered under so many different auspices, it seemed impractical to make the case work for unmarried mothers an integral part of the maternity home blank. Form 16 was therefore designed to include only the figures relating to domiciliary care. Agencies were asked to report the case work for unmarried mothers on Form 10. This solution proved satisfactory except in the case of departments of medical-social service. None of these departments attempted to report separately their case work for unmarried mothers. How large an element of inaccuracy this occasioned is not definitely known. The local supervisors who investigated this matter were of the opinion that comparatively few cases of unmarried mothers are handled by medical-social workers. In general, the institutions in which such departments function prefer to send unmarried mothers to maternity homes. The per diem cost of hospital care is high. Preconfinement service can be given at less cost and with equal success in the domiciliary institutions. Nevertheless a more thoroughgoing investigation of the amount of work done in this field by social workers in hospitals is undoubtedly needed.

The co-operation in this field was excellent. All but three of the cities in the area succeeded in obtaining at least partial reports from all institutions providing maternity home care within their metropolitan limits. St. Louis did not attempt to report in this field, and Chicago failed to secure reports from 2 institutions. Out of a total of 59 institutions in the area, however, 57 submitted reports. Five cities, Harrisburg, Lancaster, Springfield, Ohio, Sharon, and Reading, reported that they had no institutions for this type of work. Cincinnati, Cleveland, and Minneapolis each have 5 such institutions, while Detroit has only 4.

Although it was the original plan to ask each institution to report only the cases that belonged within the local metropolitan area, this ruling was reversed at the end of the first three months. It was evident from the outset that a majority of the maternity homes could not divide their cases on the basis of legal residence. Falsification

of names and addresses was found to be frequent. Moreover, the superintendents of these institutions pointed out that women in need of maternity home care often seek that service in a neighboring city rather than in their own home city. Hence, it seemed impossible to secure reports on any basis other than complete institutional population. The only exception was in Minneapolis and St. Paul, where certain maternity homes not only serve both cities but also draw their financial support from both. These institutions submitted two reports, one covering Minneapolis cases and the other covering St. Paul cases.

In one respect, it was simpler to secure accurate data in this field than in other fields of domiciliary care. There was no need to subdivide intake. In other types of institutions an unduplicated count of individuals served during the year can be secured only by dividing old cases into those readmitted from a previous year and from a preceding month of the current year, respectively. In maternity homes, except in rare instances, the same individual would not be admitted more than once in any calendar year. Hence, the sum of the carry-over in January and the intake for the twelve months should give an unduplicated total for the year.

The only problem that arose in reporting intake was in the case of stillbirths. The report form provided for data both on number of mothers and on the number of infants cared for. Another section of the blank called for the number of deliveries and requested a division of the total number into live births and stillbirths. Some agencies thought that if stillbirths were reported under deliveries, the infants in such cases should be included above both in intake and in deaths. This, however, was not the intent. The practice of hospitals was followed in this regard, and maternity homes were asked not to include either in intake or in deaths the stillbirths reported under deliveries.

A slight decrease in the number of women receiving care in maternity homes occurred between January 1 and December 31, in the 19 cities included in column 1 of Table XLIII. Nine cities reported slight increases between the two dates, but in every such instance the increase was negligible. Only twenty deaths were reported in

the area during the year, representing about one-half of 1 per cent of the total number of women given care.

In the 20 cities included in the totals of Table XLIV an average of 4.1 days' care per thousand population was given each month to mothers and an average of 3.3 days' care per thousand population was given to babies. These figures should be regarded as indices of the amount of care provided *by*, rather than *for*, the population of the various cities, since, as was pointed out in the foregoing, the figures, with two exceptions, represent care given both to residents and to non-residents.

TABLE XLIII

WOMEN AND BABIES CARED FOR IN MATERNITY HOMES IN NINETEEN CITIES DURING 1928

SUMMARY OF CASES	WOMEN AND BABIES IN MATERNITY HOMES: 1928	
	Women (1)	Babies (2)
Number under care on January 1	1,010	687
Number received for care during year	3,778	3,108
Number under care during year	4,788	3,795
Separations during year	3,797	3,084
Discharges	3,777	2,958
Deaths	20	126
Number under care on December 31	991	711

The disproportion between the number of days' care given to mothers and babies in Scranton—6.9 and 21.7 per thousand population, respectively—suggests that one or both of the maternity homes in that city may be providing institutional care for dependent children. Scranton may have failed to observe the ruling that children retained for more than three months after the discharge of the mother should subsequently be reported on Form 6 (Institutional Care of Dependent Children). If the Scranton figure for care given to babies is not correct, Wichita heads the list in number of days' care per thousand population provided both for mothers and for babies. Sioux City stands second, with 11.6 days per thousand population provided for mothers and 9.6 days for babies. The Sioux City figures, however, are based on only six months' reports, and since there is considerable variation from month to month

these six months may not be typical of the year as a whole. Newark is at the foot of the list in provision for mothers, 0.8 days per thousand population, and Dayton in provision for babies, 0.4 days per thousand population.

TABLE XLIV

AVERAGE NUMBER OF DAYS' CARE GIVEN PER MONTH PER THOUSAND POPULATION TO WOMEN AND TO BABIES IN MATERNITY HOMES: 1928

METROPOLITAN AREA	AVERAGE NUMBER OF DAYS' CARE GIVEN PER MONTH PER THOUSAND POPULATION IN MATERNITY HOMES	
	Women (1)	Babies (2)
Total for 20 cities	4.1	3.3
Akron†	1.0	0.7
Buffalo	3.7	2.0
Canton	1.3	0.8
Cincinnati	6.3	5.6
Cleveland	4.0	2.7
Columbus	4.3	2.6
Dayton	1.0	0.4
Denver	7.1	5.3
Des Moines	11.4	6.0
Detroit	3.7	2.7
Grand Rapids	3.8	2.6
Indianapolis†	1.8	2.3
Minneapolis‡	3.2	2.1
Newark	0.8	2.2
New Orleans*	3.0	||
Omaha	7.6	4.2
Richmond†	3.2	2.2
Scranton‡	6.9	21.7
Sioux City§	11.6	9.6
St. Paul	1.9	1.5
Wichita	25.1	15.6

* Not included in total.
† Average based on eleven months only.
‡ Average based on nine months only.
§ Average based on six months only.
|| Not reported.

Table XLV shows the bed capacity of maternity homes in 19 cities which had a population estimated at 7,687,000 as of July 1, 1928. In this area 1,373 beds, or 1.8 per ten thousand population, were available for care of mothers and 1,078, or 1.4 per ten thousand population, for babies on December 31, 1928. The largest absolute capacity for mothers was reported by Detroit, which had

228 beds at the close of the year. The smallest was reported by Springfield, Illinois, which had only 4 beds. Detroit is the only city in the list in which bed capacity for mothers was reduced appreciably during the course of the year. A reduction of 24 beds, or

TABLE XLV

CAPACITY OF MATERNITY HOMES DECEMBER 31, 1928

METROPOLITAN AREA	CAPACITY OF MATERNITY HOMES, DECEMBER 31, 1928			
	Number of Beds for Women		Number of Bassinets	
	Number (1)	Number per Ten Thousand Population (2)	Number (3)	Number per Ten Thousand Population (4)
Total for 19 cities..	1,373	1.8	1,078	1.4
Akron	12	0.5	12	0.5
Buffalo	107	1.5	72	1.0
Canton	14	1.2	9	0.8
Cincinnati	143	2.7	135	2.6
Cleveland	193	1.6	137	1.2
Columbus	63	1.9	41	1.2
Dayton	12	0.5	5	0.2
Denver	78	2.7	43	1.5
Des Moines	85	5.2	50	3.1
Detroit	228	1.4	175	1.1
Grand Rapids	40	2.2	25	1.4
Indianapolis	45	1.2	56	1.5
Minneapolis	116	2.5	95	2.1
Newark	52	1.1	12	0.3
New Orleans*	51	1.2	†	†
Omaha*	61	2.8	†	†
Richmond	32	1.3	29	1.2
Sioux City	65	8.1	92	11.5
Springfield, Ill.	4	0.6	20	3.0
St. Paul	24	0.9	25	1.0
Wichita	60	6.7	45	5.0

* Not included in total. † Not reported.

nearly 10 per cent, was reported. Very small changes in capacity were reported by the other cities in the list.

Table XLVI indicates the extent to which maternity homes in the various cities have their own provision for giving lying-in care to beneficiaries. Fourteen per cent of the cases were sent to other hospitals in 1928 in the 19 cities included in the total of this table. In Akron and Dayton the maternity homes evidently give domiciliary care and send all cases to hospitals for delivery. In Canton,

Denver, Grand Rapids, Indianapolis, Richmond, Springfield, Illinois, and Wichita all deliveries were within the reporting institutions themselves. Deliveries in New Orleans appear to be nearly equally divided between those occurring in the institution and those

TABLE XLVI

DELIVERIES OF WOMEN IN MATERNITY HOMES AND IN OTHER HOSPITALS DURING 1928 AND PERCENTAGE DELIVERED IN MATERNITY HOMES

METROPOLITAN AREA	DELIVERIES OF WOMEN CARED FOR IN MATERNITY HOMES: 1928		
	Number		Percentage Delivered in the Maternity Home (3)
	In the Maternity Home (1)	In Other Hospitals (2)	
Total	2,390	389	86.0
Akron	0	13	*
Buffalo	180	1	99.4
Canton	15	0	*
Cincinnati	231	13	94.7
Cleveland	280	11	96.2
Columbus	108	11	90.8
Dayton	0	29	*
Denver	155	0	100.0
Des Moines	89	1	*
Detroit	666	215	75.6
Grand Rapids	72	0	*
Indianapolis	74	0	*
Newark	16	3	*
New Orleans	95	74	56.2
Omaha	121	14	89.6
Richmond	43	0	*
Sioux City	84	4	*
Springfield, Ill.	14	0	*
Wichita	147	0	100.0

* Included in the total but figures too small for percentage.

sent to hospitals. In Detroit approximately a fourth of the cases were sent to hospitals for delivery.

Turning now to the other type of institutional care of adults for which a distinct report blank was developed, a new and perhaps simpler set of problems is encountered. The task of delimiting the field of maternity home care has been described in the foregoing. Institutions for the care of the aged were, by comparison, very easy to define.

These organizations fall mainly into two groups—small private

homes, many of which are supported by endowments, and large public "farms," or almshouses. A few of these institutions shelter children, but even that difficulty has largely disappeared in recent years owing to the unwillingness of child-caring agencies to permit children to be cared for in mixed workhouses. The limited number of organizations that still do care both for children and for the aged were asked to report the two types of service on Forms 6 and 15, respectively.

The instructions accompanying the report blank stated that institutions for the feeble-minded, insane, blind, or deaf should not be included in the registration. Here and there a public almshouse was encountered, however, that cared not only for aged and indigent persons, but also for the local insane. The figures on care of the aged were needed in the study, but the inclusion of total figures for such institutions would have made intercity comparisons impossible. Since the insane patients are usually housed in separate wings of the institution, it seemed practicable to request a separation of figures. Superintendents were asked to eliminate from the report to the central office the care provided for the insane. Some of these institutions submitted no monthly figures, but those that did send in reports complied with the request and included only almshouse beneficiaries.

The current interest in old age pensions has presumably increased the value of statistics of old age dependency. Hence it was unfortunate that better co-operation could not be secured in this field. It would have been necessary to obtain data from 197 institutions in order to cover this class of service completely in the 28 cities that attempted to report it. Of this number 164 institutions reported and 33 did not.

Of the institutions that did report, some were obliged to leave blank certain items of the report, presumably because their records did not yield the desired data. Hence it was necessary to omit from some of the tables cities whose institutions filled out the report only in part. It is interesting to note that cities with the largest numbers of institutions met with the greatest success in securing reports. Buffalo with 11 institutions, Cincinnati with 18, Cleveland with 10, Detroit with 10, Minneapolis with 12, New Orleans with 13, and

St. Paul with 11, all succeeded in reporting this field completely. Chicago, with 38 institutions for this class of beneficiary, succeeded in enlisting the co-operation of 29 of them.

A few institutions refused to report on the ground that they admitted beneficiaries from several counties or states and could not give figures applicable only to the metropolitan area. A ruling was adopted that if the number of beneficiaries from outside the metropolitan area was less than 20 per cent of the total, the entire population could be entered on the monthly report. If, on the other hand, the beneficiaries from outside the area were in excess of 20 per cent, either a separation of figures would be necessary or else the reports could not be accepted and the city would be listed as incomplete in this field.

Unlike maternity homes, institutions for the aged must be able to subdivide intake if they wish to obtain at the close of the year an unduplicated count of the total number of different persons served. It was illuminating to discover the number of institutions that could not divide their readmitted cases into: (*a*) those last discharged from the institution prior to the calendar year 1928, and (*b*) those last discharged from the institution during the calendar year 1928.

Among the cities with more than 10 institutions for the aged, Cleveland and New Orleans were the only ones that could supply these facts. Because of the omission of these items only 6 cities in the entire area could be included in the totals of Table XLVII.

Public almshouses that received large numbers of so-called "ins-and-outs" evidently encountered special difficulty in keeping these figures. However, since some of the largest of the public institutions did report them regularly, it is evidently possible to keep the records in such a way as to make the distinction. Why some institutions fail to do so is hard to understand. It would seem that the total number of *different* individuals cared for during the year would be a fact useful alike to the institution management and to the social-planning group of the city.

In general, the population of these institutions, as shown in Table XLVII, was not much larger at the close of the year than on January 1. Lancaster and New Orleans are the only cities that re-

ported a decrease in population between the two dates, and in both cities these decreases were negligible.

Of the 6 cities included in the totals, Omaha reported the largest number of *different* individuals served during the year. This was in large measure due to rapidity of turnover, as is indicated by comparing the numbers of admissions and discharges in Omaha with the same figures for the other 5 cities.

The seasonal fluctuation in numbers of aged persons cared for in institutions in 1928 was slight, varying from month to month as

TABLE XLVII

SUMMARY OF INSTITUTIONAL CARE OF AGED PERSONS, INDIGENT ADULTS, AND CHRONIC INVALIDS DURING THE YEAR 1928

Summary of Year's Work	Total (1)	Cleveland (2)	Columbus (3)	Lancaster (4)	New Orleans (5)	Omaha (6)	Wichita (7)
Number under care January 1	3,071	946	285	281	978	491	90
Total intake during year	2,622	316	339	206	225	1,447	89
New	1,999	253	234	115	217	1,103	77
Last discharged prior to January 1	392	31	75	60	6	217	3
Last discharged since January 1	231	32	30	31	2	127	9
Number of different persons under care during year*	5,472	1,230	594	456	1,201	1,811	170
Discharges and deaths	2,552	310	313	240	236	1,402	51
Number under care December 31	3,141	952	311	247	967	536	128

* This is the number under care January 1 plus new cases and cases last discharged prior to January 1.

follows: January, 12,242; February, 12,543; March, 12,592; April, 12,250; May, 11,677; June, 11,261; July, 11,246; August, 11,334; September, 11,403; October, 11,553; November, 11,849; December, 12,389. The 17 cities included in these totals had a population estimated at 6,770,000 as of July 1, 1928. In this area the largest institutional population was, for this class of beneficiary, 12,592 on March 1.

The average number of beneficiaries under care on the first of the month (a figure which, except for seasonal fluctuations, is presumably typical of any day of the year and which, moreover, can be compared for a larger number of cities than can the number of *different* individuals given care during the year) was 12,130 in the 18 cities included in the total of Table XLVIII.

To compare the extent to which the aged population was given institutional care in the various cities, the figures in column 1 were related, not to total population, but to the numbers of individuals

TABLE XLVIII

AVERAGE NUMBER OF INDIVIDUALS IN INSTITUTIONS FOR THE CARE OF AGED PERSONS, INDIGENT ADULTS, AND CHRONIC INVALIDS ON THE FIRST OF THE MONTH DURING 1928 AND NUMBER PER THOUSAND POPULATION SIXTY-FIVE YEARS OF AGE AND OVER

METROPOLITAN AREA	AVERAGE NUMBER OF INDIVIDUALS IN INSTITUTIONS FOR THE CARE OF AGED PERSONS, INDIGENT ADULTS, AND CHRONIC INVALIDS ON THE FIRST OF THE MONTH DURING 1928	
	Number (1)	Number per Thousand Population Sixty-Five Years of Age and Over (2)
Total for 18 cities	12,130	47
Buffalo	1,397	51
Cincinnati	2,101	74
Cleveland	947	28
Columbus	286	18
Dayton	346	34
Denver	431	30
Detroit	2,587	64
Harrisburg*	267	52
Lancaster	242	59
Minneapolis	638	34
New Orleans	979	62
Omaha	487	60
Reading	316	41
Sharon	266	11
Sioux City	100	35
Springfield, Ill.	242	70
St. Paul	393	36
Wichita	105	22

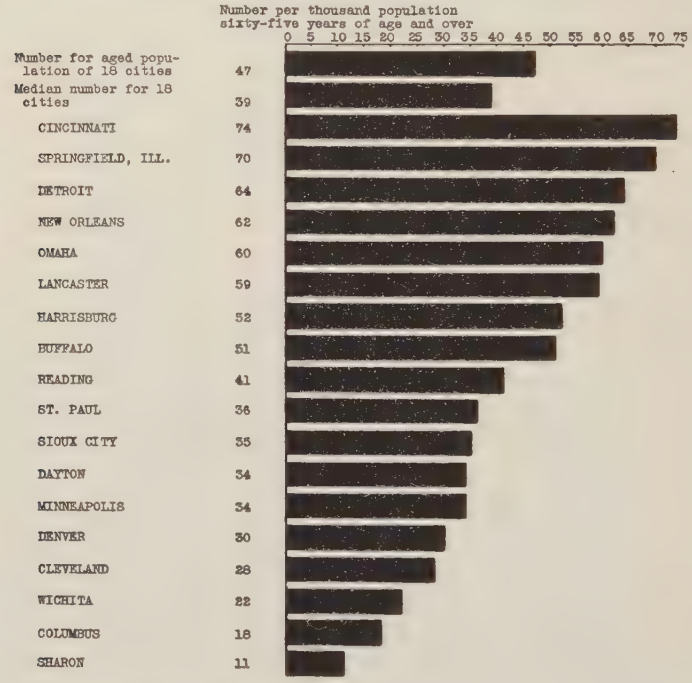
* Average based on nine months only.

sixty-five or more years of age in the various cities. These figures were estimated from the reports of the Bureau of the Census on the basis of the percentage of the aged in the principal city of each metropolitan area. On this basis the number of individuals of the age of sixty-five or more was estimated as of July 1, 1928, at 255,466 in the 18 cities included in the totals. It should be mentioned

that the figure for Sharon, which includes five different communities within its metropolitan area, a portion of which extends over into Ohio, was not available and was therefore computed on the basis

CHART X

AVERAGE NUMBER OF INDIVIDUALS IN INSTITUTIONS FOR THE CARE OF AGED PERSONS, INDIGENT ADULTS, AND CHRONIC INVALIDS ON THE FIRST OF THE MONTH PER THOUSAND POPULATION SIXTY-FIVE YEARS OF AGE AND OVER: 1928



of the percentage of aged population in the state of Pennsylvania as a whole. Only 47 individuals in every thousand of the aged population of this area were receiving institutional care on any typical day of 1928. The variation in number is considerable from city to city. Cincinnati and Springfield, Illinois, with 74 and 70 per thousand of the aged population in institutions, respectively, are highest, while Columbus is lowest with 18 per thousand of the aged population.[2] Chart X provides in graphic form a comparison

[2] The figure for Sharon is lower than that of Columbus, but it is disregarded here because of the method by which its aged population had to be determined, as explained above.

of these figures among the 18 cities for which they could be computed.

On the whole, the outlook for attaining accurate statistics from institutions for unmarried mothers and from homes for the aged is encouraging. A few confusions persist in the definition of the scope of maternity home service. In each instance, however, a solution has been suggested and the problem resolves itself merely into giving the organizations practice in the use of the uniform system and time to adapt their records to it.

The volume of service rendered by institutions for the aged can be adequately reported if a simple daily census of population is kept. Unfortunately a considerable number of institutions maintain no such record. Complete figures can, therefore, not be attained in this field until these agencies have been convinced of the utility of statistical data. If they agree to co-operate, reliable data should be available almost immediately, for there are no important problems of definition to be worked out in advance of the actual collecting of the figures.

CHAPTER VIII

CONCLUSION

The results of the first year of the registration of social statistics were encouraging from the point of view of numbers of agencies co-operating and local interest aroused. Eagerness for exact knowledge characterizes the present temper of social workers. Meetings to discuss statistical problems, once the anathema of the profession, are today able to attract gatherings of considerable size and to provoke live discussion. Agencies are seeking methods of appraisal and turn eagerly to systems that may meet the demand.

So long as reports were examined only by boards of directors and a limited group of supporters, there was slight stimulus to seek units of measurement that might be more widely used. Central reporting has broken down much of this indifference. Many agencies now regard their monthly reports as stones in a foundation that their local council of social agencies is erecting. Upon this foundation much of the superstructure of the future may be built. The accumulating library of data will be used, not only as a basis for local planning, but also as a medium of comparison among cities. The humble monthly report has thus taken on new significance.

The extent to which the present movement for central registration will expand is difficult to foretell. It does seem safe to predict that it will extend far beyond the limits originally set for it. Many additional cities already wish to be included. In all probability gradual additions will be made to the area until it includes most of the chief urban centers of the country.

Expansion, however, will necessitate certain modifications in policy. At present only those cities are encouraged to participate that can report with reasonable completeness all local social work in the fields of dependency, delinquency, and illness. Perhaps a less rigid standard should be adopted. If a city is able to report completely its work for dependent children, it would seem desirable to

accept the figures in that field and to hope that the data in the allied fields might later be made available.

Moreover, expansion into additional fields of work should be an impending development. The agencies concerned with education, recreation, and leisure time have already expressed a desire to be included. Their problem is a perplexing one, however, and probably should not be added to the present task until after an unhurried opportunity for preliminary experimentation.

If the present plan is continued, of requiring the participating cities to supply data in all the fields of work covered by the registration, some consideration should be given to the problem of making the task somewhat simpler. It may be that the general value of statistics in certain fields is not equal to the effort involved in obtaining them. If this proves true, it would be advisable to eliminate such fields from the registration. In the long run the success of the work will depend upon the local supervisors. Hence it is unwise to risk discouraging them by insisting upon reports in relatively unimportant fields that are difficult to complete, merely in the hope that the report-gathering process may ultimately correct the existing deficiencies. A more sensible procedure would consist in discontinuing a few of these difficult and less significant fields to enable the local supervisors to center their energies upon improving the more important data. When this has been accomplished, the problems in the more restricted fields may again be attacked. The outstanding need at present is to demonstrate conclusively in the major fields the soundness of the method and the utility of the resulting data.

In a few fields, chiefly institutional, it may prove wise to substitute annual for monthly reports. Many of the smaller homes for the aged, for example, have scarcely a half-dozen admissions and discharges in a year. They quite rightly wonder what is gained by sending in a report showing that nothing has happened since the close of the preceding month except the daily round of service to their beneficiaries.

For the present, however, the monthly reports should be continued, even in the case of these small institutions for the aged. There are still too many of them that have very imperfect record

systems and that fill out the blanks largely from memory. Perhaps the sensible procedure would be to transfer these institutions from a monthly to an annual reporting basis as soon as it becomes evident that they maintain an accurate daily record of population and can therefore be relied upon to submit a report at the end of the year that may be accepted with complete confidence.

Certain conclusions with regard to the mechanical aspects of the registration were reached during the year. It has become obvious, for example, that the statistics collected should be published at more frequent intervals, probably monthly. The publication of monthly reports in certain fields should ultimately have a value similar to that of business forecasting. Community-planning for periods of acute unemployment and dependency may be aided by monthly reports of the activities of social agencies, provided the reports can be published before the period of need is past. Moreover, in a venture that is new to the local agencies it is desirable to show them from time to time how their figures are being used and to give them an opportunity to compare their work with that of other agencies in the same field. Finally, the quality of the data would be improved by more frequent publication of summaries. If agencies could compare their figures each month with those of similar organizations, it would not be necessary to wait for the annual tabulation to discover misinterpretations.

The foregoing conclusions suggest that the registration of social statistics will in time attain a magnitude too great to be carried on under private auspices. When the period of experimentation with units and forms is past and the bureau devotes itself to spreading out into a great fact-gathering agency, some other body with adequate resources to carry on the task must be made responsible.

The development of a permanent system to gather the desired data might be attempted in at least three different ways: through state departments of public welfare, through national social agencies, or through the Association of Community Chests and Councils in co-operation with a federal bureau. Each of these groups has already experimented to some extent with figures submitted by large numbers of agencies with widely varying standards of accuracy, and each has certain assets that would be valuable in attacking the

problem. Differences of opinion as to which group is best qualified to assume the responsibility have been repeatedly stated, and will doubtless continue to exist until some one plan has, through successful operation, commended itself to general approbation.

State boards of public welfare have been interested for many years in assembling data, and there is some ground for believing that they are the mediums through which the statistics of social work should be gathered. The advocates of this plan assert that a central office for all the chief cities of the country is doomed to failure from the outset because of sheer size and unmanageability. Smaller areas, they believe, with frequent contacts between the agencies and the state board will in the long run prove to be the most successful administrative units. State boards are often able to attract competent people to their employ, and these people will in time come to have an intimate knowledge of the statistical practices of all the social agencies scattered throughout the communities over which they have jurisdiction. A smaller territory and fewer agencies for each co-ordinating office will result in more adequate supervision of the compilation of the data than a single national office could hope to achieve.

These advocates of state-wide areas of control usually point out that vital statistics are assembled state by state and that a reasonable degree of success has been attained in gathering them. They forget, however, that a central authority exists in Washington to co-ordinate the procedure of the various state units, and that no such unifying body has as yet been created to deal with the problems of social work either in its statistical or its treatment aspects.

An additional disadvantage inherent in state boards is that they are not primarily concerned with metropolitan areas. Their interests extend to an entire state. Many of the special types of social work, however, are organized to a limited extent, or not at all, outside of urban centers. The collection of statistics that will be valuable to social workers must, therefore, for the present be confined largely to metropolitan districts. Since state boards are agencies operating under state laws and supported by state funds, it is doubtful whether they could legitimately expend upon a compilation strictly limited to cities the amount of time and money needed

to achieve comparable results. Moreover, intercity comparisons are valid only when the territorial limits of the metropolitan area are clearly defined and when the service rendered to the area can be expressed in terms of units of population of that area. Sometimes the boundaries of these metropolitan districts disregard the legal city limits and cut squarely across county or township lines. It is doubtful whether state boards, habituated as they are to the conventional civil subdivisions, would willingly abandon these traditional areas with which they have so long been accustomed to deal, in favor of territories determined largely by the scope of activity of private philanthropic organizations.

While it is undeniable that state agencies could maintain close contact with the local organizations, this advantage would be largely offset, not only by the problem of limiting figures to metropolitan areas, but also by the practical difficulty of attaining any sort of statistical uniformity beyond the boundaries of a single state. Certainly the historical evidence justifies this conclusion. State boards, in spite of many years of experience, have made very little headway toward achieving figures that can be compared either from state to state or, in the case of some types of statistics, from one period to another within the same state.

Some social workers who do not favor the collection of social statistics by state departments of public welfare are likewise opposed to an all-inclusive compilation of data by any central body. The task is too gigantic, in their opinion, for any single office to undertake. It is impossible, they believe, for one group to be expert in a score of specialized fields, and nothing short of expertness holds promise of resolving the complexities inherent in the statistical analysis of most branches of social treatment. These objectors declare in favor of a country-wide compilation of data, not by a central body, but by the national organizations in each field. In their opinion the National Organization for Public Health Nursing should assemble figures in the nursing field, the American Association for Organizing Family Social Work should compile data in the field of family welfare, and the American Association of Hospital Social Workers should gather the statistics on medical-social service. Each of these groups knows more about its particular specialty

than any composite bureau that might be created, and each has the advantage of being well established in the confidence of its constituents. National organizations have been formed in most of the special fields of social work, and if each of them would collect data from their member agencies throughout the country, local councils of social agencies would in a short time find it possible to apply to the appropriate national organization for comparative statistics of almost any type they might need.

Although this proposal has much to commend it, several difficulties might prevent its consummation. In the first place, national organizations have not been created as yet in several important fields. The health services of schools, although they are in some cities affiliated with various national health or medical agencies, are not articulate as a body charged with a unique function. Organizations that provide work for the home-bound or that create employment for the destitute have no inclusive national federation. Maternity homes, though they are sometimes united along sectarian lines, do not recognize a superorganization to which all belong. Furthermore, many of the national organizations include only a part of the agencies working in their field. In some instances local societies have not realized the value of a national connection, and in other cases the national bodies have set standards which only a portion of the local groups are able to meet. In these fields statistics collected at national headquarters would give a complete measure of volume of work in only a small number of cities.

There is also a natural reluctance on the part of the national societies to play the rôle of the autocrat. They prefer to suggest and to stimulate rather than to criticize or coerce. Thus some of the groups that have worked out creditable statistical systems have made very little aggressive effort to induce their members to adopt them. They have considered it better policy to outline desirable practices and to leave it to individual agencies to select the portions that fit their own local needs. While it is an important achievement merely to have developed a standard plan that may gradually recommend itself to general use, dependable statistics for purposes of intercity comparison cannot be satisfactorily attained by such methods. The early stages of the struggle for uniformity involve

close supervision and ceaseless iteration of the rules upon which the plan is based.

The chief disadvantage of attempting to collect figures along functional lines through a score of national societies consists primarily, however, in the failure of such a plan to provide local agents to carry out the details of the scheme. If a national association has a dozen member agencies in a given community, it is unlikely that any one of them either would assume responsibility for collecting the reports each month or would be recognized by its fellow-agencies as the logical leader to interpret statistical rulings to the rest of the group. The best organized societies could perhaps be relied upon to send their monthly figures to national headquarters regularly and in acceptable form, but in every city there would be some laggards and some whose reports would need correction or amplification. Local agents with the time to prod procrastinators and with the skill to guide the inexpert are essential to any far-flung statistical venture.

Since councils of social agencies strive to serve all the social work needs of their communities, it was logical that they should undertake the task of inaugurating community-wide compilations of statistics. More than 300 of these councils are organized in the national association of community chests and councils, and it has therefore seemed to many social workers a logical extension of the local undertaking to fix responsibility for intercity comparisons upon this national federation. The association, if a reasonable number of its member councils favor the project, can not only provide the necessary field supervision, but it can also enlist the co-operation of a sufficient number of cities to insure from the outset a considerable body of data. Because they are accustomed to rely upon their national headquarters for guidance in numerous endeavors, the local federations are also likely to accept recommendations that emanate from the central office relative to the interpretation of the statistical units. Each council that desires to submit figures for comparison can be persuaded to appoint a member of its staff as local agent for the national office. In this capacity the council worker is responsible for collecting comparable data in terms of the units suggested by the central office and stands ready to give super-

vision and assistance to local organizations that need help in extracting the desired figures from incomplete or jumbled records.

The advantage resulting from this arrangement is twofold. Not only does the worker have an opportunity to teach elementary principles of record-keeping to the organizations that seek aid in preparing their reports, but he is also able to assemble statistical data never previously available for use in the deliberations of the local council. Intercity comparisons can obviously not be valid unless the figures represent the total amount of work expressed in terms of a constant unit of population. All of the work in a given field must be included in the picture whether that work is under public or private, sectarian or non-sectarian, control. Agencies that are not affiliated with the council, as well as those included in the city-wide federation, must be persuaded not only to contribute their figures but to give them in units that are comparable throughout the field. The undertaking is stupendous and only the unflagging attention of a person specially charged with carrying out the details makes possible any reasonable measure of success. The local agent, always available at the council office and ready to make such field visits as the situation demands, constitutes the goad necessary to keep the work in motion.

The Association of Community Chests and Councils, although it is perhaps the instrument through which intercity comparisons are most likely to be given substantial content, is nevertheless faced with certain important handicaps in carrying out the task. First of all there is the suspicion that local federations may be interested in collecting the figures only because they wish to use them to determine whether the budget requests of the agencies are judicious. Since only a few of the councils are located in cities where community chests do not also exist either as the real nexus of the federation or as a parallel and often more powerful body, it is not surprising that some agencies jump to this conclusion. In asking for funds almost any group will place its request higher than its needs on the theory that some margin must be reserved for disallowances. But once the budget has been prepared, its sponsors are likely to forget the extras they have included and to resent any suggestion that some of the items may be excessive. Hence the budget committee of the

community chest, which may be obliged to grant less than the amount requested, comes quickly to be considered as intent only on reducing the demands upon contributors. This attitude toward the chest is of course not universal. Obviously, central financing would not continue unless most of the agencies were receiving support reasonably commensurate with their needs. Nevertheless, sufficient criticism of budgetary decreases does exist to arouse a feeling in some organizations that they should not place in the hands that control the purse strings information that may later be used to their disadvantage.

This fear, however, seems not sufficiently widespread to menace the progressive improvement of central reporting nor does it constitute a valid reason for refusing to intrust compilation of the data to the councils of social agencies. Granting that the collection of statistics is a promising undertaking, the tabulated results would undoubtedly be accessible to chests that wished to use them in paring down budget requests regardless of whether they were in the hands of national organizations, of state departments of public welfare, or of the national association of community councils. Moreover, the use of the figures year after year as a guide to constructive planning should gradually still the alarm of the doubters. When they discover that local councils have a disinterested regard for facts and that they seek data primarily to aid them in attacking problems of general concern, their co-operation should thenceforth be assured. On the other hand, if councils should undertake to abuse the information intrusted to them central reporting would doubtless collapse. Agencies need no better guaranty that their figures will not be used to serve ulterior purposes than is afforded by the eagerness of councils to prevent rifts within their ranks.

This desire for harmony, it is to be hoped, will not inhibit aggressive action when facts demonstrate the need for it. Here and there an agency exists that has outlived its usefulness or that has neglected to adopt progressive methods. Occasionally organizations reach a state where self-perpetuation appears to be their sole objective. In such cases, or in any instance in which the statistical data point to inferior work, the council should not hesitate to follow the clue. The statistics alone will not provide the required

analysis, but they may be the index that shows where analysis is needed. If the agency thus subjected to examination has merely suffered a temporary setback, it should welcome this assistance in escaping from its dilemma. If, on the contrary, it persists in perpetuating a reactionary program, the council membership in its entirety, persuaded by the obviousness of the available facts, is likely to indorse whatever measures may prove necessary to correct the situation. The real test of the council's ability to make use of statistical tools will rest ultimately in the objectivity it can display in interpreting the returns. If it proves equal to the task, the skepticism which a few agencies have harbored will be speedily laid aside.

The more serious difficulty confronting the national association of chests and councils is its own lack of intimate knowledge of all the specialties with which it must necessarily be concerned. Each field of social work presents its own peculiar statistical problems. In each field categories must be established, terms must be sharply defined, and methods must be developed that will accord with progressive practices. For one bureau to master all the intricacies of more than a score of distinct functions seems a task too onerous to be manageable. The more important fields have already produced a formidable body of literature, and statistical experiments have been conducted in some of them for more than twenty years. The content of all this material must be mastered by the ambitious statistician who would be equipped to include all types of social work within the scope of his undertaking. Nor is a purely academic knowledge sufficient. The more complex questions involving fine distinctions in terminology can be resolved only by those who have an intimate practical acquaintance with the various processes as they actually operate day by day.

Perhaps by devoting intensive study to each of the fields, one by one, the central office might eventually work out successfully most of the chief problems. Such a procedure, however, would be both slow and painful. A surer method would consist in effecting cooperative agreements with the national agencies in each field. A number of the national organizations have already devoted considerable study to the statistical methods of their constituent

groups, and some of them have succeeded in working out systems that are both sound and comprehensive. They are also constantly in touch with new developments within their respective fields and are able to summon into council on any new problem the best thinking available in the field. From the standpoint of technical knowledge they are much better equipped than the national association of councils to wrestle with the existing statistical anomalies within their respective provinces. From the standpoint of actively promoting a sound system, however, they are less favorably situated than the national association. Hence a co-operative arrangement between the two should constitute an effective working arrangement. Under such a plan the local councils could transmit to the national agencies through the central office the problems encountered in assembling the data and the national societies could perfect the methods within their fields on the basis of the information thus gained. Co-operation of this character should not only promote the objectives that the national agencies have been striving to attain in their own fields, but should also produce data that can be compared from city to city with some measure of confidence. An arrangement of this type need by no means ignore the plans of state boards of public welfare. While these boards may in some instances wish more detailed information than that requested by the central bureau, certain basic data are needed by both and should be requested in terms of identical units. Very few would be disposed to condemn social agencies if they rebelled against compiling statistics according to two different methods if one could be made to serve the purpose. There seems no valid reason why the central bureau and the state boards could not reach agreement on the essential points of their respective systems.

While a co-operative arrangement between the various national societies and the association of councils is from some points of view the most desirable way to carry on a central statistical service, it is doubtful whether such a combination should direct the work indefinitely. Private social work is perhaps at its best in demonstrating new ideas that have captured the imagination of the few. Once a project has proved itself, there should be no further need to retain it under a protecting private organization. When a new piece of

work is taken over by the government, it is well on its way to become a part of the permanent social structure of the country. If a central statistical service for social work proves its utility, it should, before the lapse of many years, attain proportions that strain the resources of any but a federal bureau. Eventual control by some bureau of the national government may be the desirable end to promote.

Assumption of responsibility by the central government should not necessarily mean that local councils of social agencies would cease to be the avenues through which the data are collected. Nor should it mean that the national agencies in each field would no longer retain active participation in working out the statistical problems in specific fields. Community organization in its best sense implies a working partnership between public and private agencies. This principle applies with equal force whether the area affected is national or local. The transfer of the work to a federal bureau should probably entail little or no change in policy except as developing needs indicated modifications acceptable to those for whom the service is designed.

The difficulties that must be swept away before intercity comparisons can attain a high degree of accuracy in the field of social work are numerous. The development of an adequate terminology adequately defined may in itself prove to be a labor of many years. The task of promoting the standard system, once it has emerged, may also be a herculean undertaking. But it is heartening to recall the experience in the field of business statistics. Those who have witnessed the development of statistical material in that field in the last fifteen years believe that an equal period of concerted effort in developing social statistics will produce significant results. In any case the philosophy of social work is based on the theses that environment modifies conduct, that deliberate action can change environment, and that accurate knowledge is needed if these changes are to be made intelligently. A profession that bases its activities upon these principles cannot shrink from an undertaking merely because it is difficult if it really bears promise of ultimate accomplishment.

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